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ABSTRACT

Reported were the results of a project which established a cluster of family day care homes in Hawaii in which caregivers were selected, trained, and provided with supportive services and salaries. The primary objective of the program was to provide a replicable, high quality program for preschool children that would maximize social, emotional, cognitive, and physical development. A selection system for caregivers evolved that enabled project staff to choose competent or potentially competent caregivers 88 percent of the time. The procedure involved self-selection and staff evaluation. Applicants who were selected received intensive training in child care and development. Preschoolers were selected for the program from welfare homes where parents were working or in job training. The developmental progress of the children enrolled in the project was significant, especially in language development. Repeated measures were also taken in cognitive, psychomotor, and social-emotional areas, and in every case, the children maintained or increased their rate of development. (BRT)

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TOWARD HIGH QUALITY FAMILY DAY CARE for INFANTS and TODDLERS

Infant Satellite Nurseries Project

University of Hawaii
November 1974

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TOWARD HIGH QUALITY FAMILY DAY CARE FOR INFANTS AND TODDLERS

FINAL REPORT
INFANT SATELLITE NURSERIES PROJECT

Prepared By

Marian D. Rauch
Doris C. Crowell

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November, 1974
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This project was initially a component of the Model Cities Research Demonstration Children's Centers sharing office space and some personnel. Both the Infant Satellite component and the Day Care Center were under the same director, Dr. Marion Kagan, until her resignation midway through the project.

A large number of other Model Cities Projects, state departments and local agencies have provided support and encouragement in carrying out this project and we are grateful to them all. The Department of Human Development of the University of Hawaii has served as the delegate agency for the project.

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The members of the Advisory Board gave generously their professional expertise and were extremely helpful in relating the project to the Kalihi-Palama community.

The talents of many persons are necessary for a successful demonstration project. Two of the most important members of our staff were the paraprofessionals, Amparo Mateo and Gladys Thomas, who knew the community, believed in the objectives and rapidly acquired the knowledge to convey in meaningful terms to the caregivers the elements of high quality care for infants and toddlers.

We are especially grateful to the caregivers who responded to the program and opened their homes to care for young children. To those children and their families who accepted the care and actively participated in the project, we express our warmth and appreciation for the many enriching experiences shared.

The photograph on the cover was taken by Warren Roll of the Honolulu Star Bulletin.

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TOWARD HIGH QUALITY FAMILY DAY CARE
FOR INFANTS AND TODDLERS

Abstract

The Infant Satellite Nurseries project established a cluster of family day care homes in which caregivers were selected, trained, and provided with supportive services and salaries. This system provided high quality care for the children enrolled.

The four chapters of this report reflect the major goals of the project: meeting day care need of infants and toddlers; selection of child caregivers; training family child caregivers; and impact of a family day care program on infants. Some of the implications and recommendations follow.

A system of supportive services was developed that provided training, assistance and equipment to a cluster of family day care homes and was instrumental in upgrading and assuring the quality of care provided. Parts of this system could be replicated by existing agencies and would serve to improve the standards of family day care in any community.

A selection system for caregivers evolved that enabled project staff to choose competent or potentially competent caregivers 88% of the time. The procedure involves self-selection, as well as staff evaluation and is specified and replicable. Its use upgrades the quality of care given and decreases the expense of training and supervising caregivers by eliminating those candidates who are not likely to perform at minimum levels necessary to insure good care.

A carefully-sequenced, competency-based curriculum was developed that parallels a career ladder specifying observable behaviors for several levels of performance. Acquisition of each successive level of performance was recognized by salary increases in the ISN project but could be adapted by licensing agencies in the certification of caregivers. The curriculum has been accredited by a local community college and has been used to train numerous groups of caregivers not associated with the ISN project. It is designed so that it would be appropriate for use in parent education efforts. It includes a large number of audio-visual aids and parts are adaptable for radio or television dissemination.

The developmental progress of the children enrolled in the ISN project was significant especially in language development. Repeated measures were also taken in cognitive, psychomotor and social-emotional areas and in every case the children maintained or increased their rate of development. A positive relationship was also found between the quality of the caregivers' interactions with children and the children's language performance.

The service aspect of the program is continuing under Title IV-A funding for a very limited segment of the population. However, the resistance which was met in expanding this or similar programs indicates a lack of commitment to children which presently exists in funding circles. Programs must be funded to expand services to infants and toddlers, to select and train caregivers and to study the impact of day care. Such programs could provide examples of viable alternative, in child-rearing practices to parent and communities and exert a positive influence on successive generations.

MEETING THE NEEDS FOR DAY CARE

Statement of the Problem

For optimal development, the very young child needs warmth, acceptance, support, protection and stimulation from a sustained relationship with an adult or adults committed to his care (Baumrind, 1973). Day care programs based on this premise confront the tasks of defining, supporting and extending high quality care. This should be reflected in the performance of all of those adults assuming child care responsibilities. Planning must include the development of viable alternatives for child care from which parents may choose. The range of alternatives must reflect diverse value systems and include support for parents in the home on the one hand and full-time out-of-home care on the other.

The fact that the mothers of six million American children under the age of six are now in the labor force (Keyserling, 1971) precludes discussion of whether or not day care should be provided. The concern is to provide a variety of programs of high quality that will meet the diverse needs of today's families. Of special concern are the children under three. Not all mothers can stay at home to care for their infants. Not all states allow the option of center care, nor would all parents choose that option if it were available. Family day care, whether licensed or not, has developed as an overwhelmingly frequent parental choice. Is family day care a viable alternative in meeting the multiple needs of very young children and their families? What are the characteristics of good family day care? What are the pre-requisites for a competent caregiver? Are the skills and understandings of competent caregiving teachable? What supportive services facilitate the continued delivery of high quality care? What kinds of funding and staffing do these programs require? What are the characteristics of parents and children who would benefit most from family day care programs?

The need to examine family day care as a potential component of comprehensive day care services is particularly urgent in Hawaii where the cost of living is one of the highest in the country. Because of this, Hawaii has the largest number of working mothers and the highest proportion of two income families of any state in the union. In addition, the population of Hawaii has grown exponentially. Immigrants from mainland United States, American Samoa and other Asiatic countries are continually entering the labor market and need child care desperately.

In 1972 almost half of the children under five in Hawaii were in some form of day care (State Department of Education, 1972). Ninety percent of the mothers who work or return to work before their children are in school do so before their children are 3 years of age. Thus 28% of children under 3 are in day care. Since center care for the child under two is not available under the present state laws and only 3.5% of the 2-3 year olds are in center care due to the high adult/child ratio required for that age group, the only alternative that remains is family day care. Although there is state licensing, it is estimated that only one tenth of the existing family day care homes are licensed. Licensing itself does not guarantee more than physically safe surroundings. It ignores the impact of the adult on the social, emotional and cognitive development of the child (White, 1973).

A generation ago the characteristic family structure in Hawaii was the extended family, and child-rearing was shared by a number of related adults usually living in the same household. The infant received care equally easily from several related adults all of whom were sincerely concerned for his welfare. The incidence of the extended family has decreased sharply since statehood in 1959, not because it wasn't a viable system of child-rearing, but largely because of the economic pressures on the adults in a family. Family day care is considered an adaptation of the extended family system in which several caregivers share the child-rearing task.

Description of the Project

The Infant Satellite Nurseries (ISN) project was planned by Model Cities staff, jointly funded for three years by the Office of Child Development and the National Institutes of Mental Health and administered by the Department of Human Development, University of Hawaii. This project provided an opportunity to examine many of the critical questions as they relate to the alternative of family day care in a low-income, multi-ethnic community. Six family day-care nurseries were established in the homes of the caregivers[1] following their selection and pre-service training. Caregivers were paid salaries, provided with toys and equipment, food, in-service training, and numerous other supportive services. A total enrollment of no more than 30 infants and toddlers between one month and 3 years of age was possible at any one time. This was rarely achieved since many homes were too small to accommodate more than 3 or 4 children. In this way the project responded to the dual demand for child care and employment for persons in the Kalihi-Palama section of Honolulu.

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[1] The term caregiver has been used consistently to indicate the role because it implies a quality of nurturance and an active concern for the child as an individual.

Kalihi-Palama is a high density, low-income, inner-city area. Many immigrants come here first after arriving in the islands; there are also many long-time residents. Filipinos comprise nearly 30% of the population; Japanese, Caucasian, and Hawaiian follow in that order according to the 1970 census. These data do not reflect the large numbers of residents from American Samoa and the more recent influx of people from Korea. It is an area that has been the target of many social programs, especially since its designation as a Model Neighborhood Area (MNA). Of particular concern are the preschool children. A survey by the Office of Human Resources (1973) shows that over one third of the 0-4 year old children in the area receive public assistance and can be classified as "disadvantaged." These children come primarily from Hawaiian, Samoan and Filipino families. The need for services for these children is reflected in the high infant mortality rate, health and nutritional problems in the MNA. Other figures show that, on the average, the children are low in cognitive development, particularly in language skills.

In this context, the ISN project developed the following specific goals:

1. to provide high quality, home-based child care for infants and toddlers of parents who are working, in job training, or in school;
2. to increase the level of employability of low-income persons residing in the area;
3. to develop a replicable selection procedure which identifies potentially able child caregivers.

4. to develop a training curriculum for these persons which enables them to provide high quality care;
5. to establish a corps of caregivers capable of upgrading the quality of child care in the community;
6. to evaluate the impact of supervised home care on children, caregivers and families.

Administration and Staffing

Originally the ISN project was to be one of three components in the Research Demonstration Children's Center. A day care center project for the 3-5 year old children and an after-school care project, which never developed, were the other two components. The ISN project was the first of the components to start so that the concept of satellite nurseries attached to a day care center was somewhat of a misnomer for almost a year. During the first year of operation, 1971-1972, there were innumerable problems due to the lack of full conceptualization of the project and inappropriate selection criteria for and division of labor among the staff.

After almost one year in which many personnel changes took place, the staff stabilized and began to function with more direction. During the second year of operation the ISN staff was composed primarily of a central group of three, a half-time researcher and the caregiving staff. The central staff consisted of a nursery manager and two para-professionals, one designated as a social service aide and one designated as an educational aide. In reality these three people worked primarily as a team in supervising the operations of the nurseries and training caregivers. While this had many advantages in that all grew to understand the entire project there was duplication of effort and confusion in delegating responsibilities. The major differences in job descriptions at this point were that the nursery manager had the major responsibility for the operation of the nurseries, the development of the training program and the delivery of the training to the caregivers. The para-professionals handled the recruiting, on-site modeling and managing details. In addition to these three, there was a twenty percent director who also supervised the other components of the overall project, a quarter-time fiscal officer, a half-time research evaluator who was shared with the day care center component, a part-time tester, and borrowed services from the day care center nurse, a social worker and secretary.

An advisory board, required by Model Cities, consisted of half MNA residents and half professionals. They advised the overall project staff and provided liaison between the project and the community. In the summer of 1973, the board established an evaluation team which recommended reorganization of the program structure, personnel assignments, and direction for the overall project. This resulted in the separation of the ISN and the day care center. Although ISN lost its share in the services of the project social worker and nurse, it was freed to reorganize its own staff assignments.

The nursery manager assumed the sole responsibility for administering the ISN project and for developing training materials. The two paraprofessionals were reassigned to the separate duties of training manager and nurseries manager. The training manager coordinated the training and practicum experiences. The nurseries manager supervised the detailed daily operations of the nurseries. The research evaluator began to work entirely with the ISN component and became more closely involved with the evaluation of the regular operation of the nurseries. A half-time research assistant was assigned to the testing and observations. The fiscal officer continued to handle the monetary and business aspects of the project. An efficient secretary, who was also a relief caregiver and understood all levels of the project, added greatly to its smooth operation during the final year. Attachment I-A includes job descriptions for these persons.

The caregivers were the major link in the delivery of services to the children. Suitable homes and persons who had interest and capabilities in child caregiving did not always go hand in hand. The project was often forced to accept desirable homes where the homemaker who was to be our employee could not meet all of the criteria deemed most predictive of successful caregiving. Originally the plan was to assign two caregivers to each family day care home to meet the licensing requirements of one caregiver for every two children under two years of age. Since the thrust of the project was to deliver services to the child under three, this seemed the logical solution. However, as time went on, it was evident that two full-time caregivers assigned to one house were one too many. The personnel problems were frequent; the homes were simply too small to make it comfortable physically for two women[2] to care for so few children. The woman who was in her own home tended to assume a more dominant role, thus producing subtle conflicts in the division of responsibilities. Moreover, the cost was obviously so prohibitive that the opportunities to extend the project under such staffing seemed distinctly remote. First one caregiver tried to work without a full-time assistant, then another, until all were working alone in their own homes. Several extra caregivers were employed to give relief on a regular basis so that none of them would be required to work ten-hour days consistently and to provide release time for in-service training. Absenteeism was markedly reduced under the new plan.

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[2] Although the program was open to both men and women, only women were actually employed as caregivers hence the feminine forms are consistently used. In the interest of clarity, masculine pronouns are used when referring to children.

Without a good team of part-time help from high school and college students, the amount of in-service training and development of training materials could not have been accomplished. The students also gained valuable training and experience. Many of them have gone on to specialize in fields related to children.

Program for Children

The primary objective of every aspect of the ISN project was to provide a replicable, high quality program for children that would maximize their social, emotional, cognitive and physical development. The major emphasis was positive adult-child interactions that capitalized on the caregivers' warm feelings for children. This program was implemented through training that gave the caregivers the skills and understandings to provide a variety of appropriate experiences that would meet each child's overall developmental needs. On-going supervision and supportive services helped the caregivers to internalize these skills and understandings in their everyday performance.

Zigler (1973) pointed out that a full and rich relationship leads to optimal development of the child. He referred to factors such as understanding, honesty, joy and common sense in relation to children. These are abstract qualities that need to be demonstrated and reinforced in concrete situations. Among the specific ways the caregiver was helped to design her program were scheduling the routines in a predictable sequence, arranging her home and yard appropriately and providing activities to interest the child in art, music, stories, excursions and daily household events. Birthday and going away parties and praising specific developmental accomplishments were ways in which caregivers recognized individual children.

A deficit frequently reported in family day care is the failure to provide cognitive stimulation in appropriate ways for young children (Birchard and Wilson, 1973; Keyserling, 1972; and Willis, 1970). In addition to the activities already described, toys, books and records as well as recommendations for using them (Attachment I-B) were circulated among the nurseries on a regular basis. The caregivers were encouraged to talk with the children, label familiar objects and ask them questions to stimulate language development.

Two other specific efforts were made to implement curriculum ideas from programs by Gordon, Painter, Badger and the Catholic University. The first experience was conducted by two of our more competent caregivers in connection with an in-service community college course they were taking. They visited other nursery homes in the project each week demonstrating specific developmental activities from the above sources with selected children. They watched the resident caregivers go through the steps and left behind a simple,specific outline of what to do each day, how much time to spend doing it, supplemental related activities and a check-sheet for the caregivers to complete indicating day and time spent on the activity and success or lack of success. When the visiting caregivers returned the following week the resident caregiver went through the activity with the child and it was decided what further help was needed for caregiver or child at that point. The second effort was made by field study students. Each student was assigned a home and given a specific infant curriculum to use and evaluate (Attachment I-C). These individualized efforts, as well as the generally enriched environment, indicate the efforts made in the cognitive area.

Physical development was stressed by encouraging caregivers to allow the children to use playground equipment in nearby parks, and supplying toys that demanded large muscle use. Scheduling was done with large and small muscle development in mind. Time was spent outdoors daily, nourishing meals and snacks and rest periods were provided. In the case of emergencies, caregivers were prepared by a first aid training program and required to earn the Red Cross certificate. Even with the daily planning, the routines in the homes were flexible and accepted the variations that came with children of different ages from homes where schedules varied.

Parent Involvement

The ISN project tried to develop a system that recognized the needs and concerns of working parents, gave them support in parenting and established communication between them and the day care staff. The goal was to make it possible for the child to move easily between his own home and the nursery and for each home continually to help upgrade the other in meeting his needs.

Both parents and caregivers need help in defining the dimensions of the child-rearing task. Gordon (1970) discussed the inability of many parents to translate desires for their children into enabling actions. He cited two contributing factors: 1) parental lack of knowledge of cause and effect and 2) adult needs and concerns taking precedence over children's needs and concerns. The ISN project identified several more. Specific child-rearing practices have often originated in environments very different from the one in which they are currently used and may need to be supplemented with alternative techniques that are adaptive to rapidly changing life styles. Continuous effort was made to integrate those cultural practices that served to enrich the lives of everyone involved and to discourage other practices such as excessive use of physical punishment.

Another factor evident in the ISN project was the difficulty parents had verbalizing their concerns for their children in appropriate ways. For example, on the admission form (Attachment I-D), only one-third of the parents made any response at all to the question "Are there any special things you would like done for your child? How would you like us to do them?" Of the answers obtained, all but three related only to physical care.

Many of the above factors are illustrated in a particularly interesting case study (Attachment I-E) involving a young woman, her older immigrant husband and an employer who was extremely strict about absenteeism. Her initially volatile reactions to a mildly sick child, a very unresponsive caregiver and a firm but sympathetic central staff member were understandable. Gradually she was able to learn better ways of expressing her frustrations, anger, and concerns. In this case, the social worker was invaluable in the counseling she offered, both to the regular central staff and directly to the parent.

The need for parent education at many levels is cited by Cook (1970). He recommended basing such a program on the following content areas: 1) understanding about the nature, needs and normal development of babies and children; 2) development of health-promoting attitudes, feelings and behavior toward the child and 3) establishment of healthy parent-child relationships. Each of these were areas that the ISN project consistently emphasized both informally and through regularly scheduled group meetings with parents.

Day care projects designed for children whose parents work find it much more difficult to influence and involve parents than do half-day pre-schools and cooperatives. Parents who work 8-to-9-hour days and are in transit to and from work another hour or more have little time for lengthy conferences and meetings.

The frustrations of working parents are well documented (Auerbach-Fink, 1974; Willis, 1970; Herzog, 1960). The ISN project consistently made a number of very specific efforts to influence and involve parents. Briefly, they are:

1. to establish a sense of trust and respect between staff and individual parents,
2. to build strong inter-relationships with caregivers,
3. to provide group opportunities for interaction among parents, staff and community resource people,
4. to make some efforts at mass communication through newsletters.

The development of mutual trust and respect began on an individual basis with the first telephone conversation from the parent requesting child care. Efforts were made to continue it in each subsequent contact. When a tentative decision on placement of a child was made, a central staff member and a caregiver met with the parents at the selected day care home. At this time, the parent completed an extensive set of forms (Attachment I-D). Wishes of the parents and policies of the project were discussed. Parents were encouraged to deal directly with the caregivers but to realize that the central staff was available when the need arose. A parent handbook was compiled and given to each family when their child enrolled. It contained a statement of the policies, lines of communication, schedule and responsibilities of both the parents and the caregivers. An attempt was made to recognize various cultural preferences and practices and include them in the overall operation.

Occasional conferences and home visits followed as either parent or staff members saw a need (Attachment I-F). These conferences were always problem-oriented. A more desirable procedure would have involved regularly scheduled conferences to establish more positive, ongoing communication.

It became increasingly evident that the day-to-day interactions between parents and caregivers were the most vital in building a positive relationship. The central staff tried to set a good example for the caregivers both in their dealings with parents and with the caregivers themselves. The caregivers were encouraged to discuss specific parent problems with central staff members. Also specific training modules were drafted to assist the caregivers in their important roles of interacting with the parents (Attachment I-G).

Caregivers encouraged the parents to come inside at pick-up time and talk about aspects of the child's day or items in the newsletters. They were also encouraged to write individual notes and to make phone calls to the parents. The relative success of all these approaches had a great deal to do with the overall competence, confidence and conversational abilities of the caregiver. This last factor is of chief concern in Hawaii. The limited English language competence of some of the more recent immigrants is a definite factor influencing the relative success of interaction between caregiver and parent.

Often our caregivers were of great help to parents in a non-threatening manner. This was particularly true in relation to one set of parents who were impatient with their son's temper tantrums. When the caregiver was able to develop rapport with the father and joke about his own early morning temperament, she was able to help him gain understanding of his son.

At other times the confidence of a caregiver would be too much of a threat to an insecure parent. An example of this was an extremely over-protective parent who found the caregiver much too direct and positive in her approach. The only solution in this case was to have a central staff member assist and eventually move the child to another nursery.

Insuring interaction among groups of parents, staff and community resource persons was a third effort of the ISN project. During the first year there were several social gatherings of parents, children and staff. The major educational goals of these occasions were to communicate and interpret goals and policies of the project. During the second year a list of topics from the training curriculum for caregivers was presented to the parents. They selected those topics of most interest to them for future programs. Their most frequent requests were how the young child learns and guidance and discipline. Various methods were used in small group discussions, films, slides and modules from the training materials, and community resource people (Attachment I-H).

Attendance at parent meetings was nearly always outstanding. Perhaps this was due in part to the general meeting plan. All the children and caregivers were brought to the meeting place late in the afternoon via a Model Cities bus. Since parents had to pick their children up there, they generally found it convenient to stay for the meal and meeting. Child care was provided by high school and university students who were regular part-time aides. A minimum fee was charged for the meals and the food was prepared by staff or purchased. The atmosphere was typically Hawaiian with everyone sitting on the floor to eat and talk.

Later some meetings were also tried in the nurseries as caregivers assumed leadership roles. These began when the first parent arrived to pick up the child. A central staff member would usually be present but the caregiver would be in charge. Presentations might be made but more often the meetings were less formal. Since this approach appeared to reach some parents who would not come to the larger group meetings, it seemed a good solution to alternate the small meetings in the individual nurseries with larger dinner meetings.

During the final year of the project, the parents themselves moved into leadership roles in planning the menus for the large group meetings and sometimes the program. Never did the parents elect officers or appear to want to do so. Instead volunteers from each nursery would be asked on a one-time-only basis. In this way the caregiver could encourage different parents to participate. This seemed a wise approach for working parents who found long-term commitments extremely difficult due to inexperience and limited time.

Another method of parent involvement was through Advisory Board membership. Two nursery parents, elected by all of the parents sat on this board. They gained valuable insights into the entire program through such participation.

Another means of reaching parents was through newsletters. At first these were extremely informal handwritten notes sent home with the children. As the number of nurseries increased, they were mass-produced by the central staff, making use of items contributed by caregivers and distributed bi-weekly. In this way policies were clarified, meetings announced and activities in the nurseries made known. Occasionally tips on parenting were given also (Attachment I-I).

Although the direct influence of the day care program on parenting skills was not measured, the impact on other aspects of the parents lives was evident. These findings were consistent with those of Willis (1970) and Casey (1974). Willis commented extensively about the attainments of the career mothers who were assisted to enter the job market due to the family day care program. Casey reported that the high school-age parents in her program were more likely to graduate from high school and enter post-secondary training, they did not have repeated pregnancies and some had gone on to college with child development work as a goal. In addition only one was on welfare at the time of the article whereas most were receiving welfare assistance at the beginning of their involvement with the program. In the ISN project 85% of the parents were employed, in job training or completing high school or college programs. The majority were able to stay off complete welfare assistance. This is well illustrated by the fact that 90% of the children in the program at the time of transferral to Title IV-A funds in the summer of 1974 were not eligible due to their higher income level. Yet many of these parents attributed this economic stability to the ISN project and wrote letters to state legislators supporting continuation of the project (Attachment I-J).

Supportive Services

Family day care on an independent basis can be a lonely, isolating and restricting experience. By contrast, projects that offer supportive services make a significant impact on their caregivers. Supportive services can be defined as external efforts that upgrade or extend the care children receive.

In an attempt to assess the impact of the supportive services on the caregivers of the ISN project, a questionnaire (Attachment I-K) was sent to all caregivers who had been trained to get their reactions. One hundred percent return of the questionnaires was obtained from those women who had been employed as caregivers by the project. Among the services provided, the regular caregivers rated on-site training and small group sessions as most important. Also greatly appreciated were the mobile loan service of toys and equipment, placement of children and the food allowances.

Anecdotal data from the New York Family Day Care Career Program (Willis, 1970) reflects caregivers' appreciation for training opportunities and released time for training, help in emergencies, increased confidence in themselves, enjoyment in offering service and increased knowledge of their community. Provisions were also made in that project for the mother-teachers to move up the career ladder and promotions within the project occurred on a regular basis. Sale (1971) also noted increased skill [illegible] self-confidence in the family day care mothers for whom she provided training and supportive services. She concluded that family day care not only provided a needed service to the families of children involved, but also demonstrated good child-rearing practices for the entire neighborhood. There are a surprising number of other family day care projects with various interpretations as to focus and supportive services (Finck, 1972; Mayzck, 1971; Birchard and Wilson, 1973; Emlen, 1971; Rowe, 1972). Few, however, appeared to offer as comprehensive an array of services as did the ISN project. These services contributed to the success of the overall program and could be replicated in other projects or by public or private community agencies for the benefit of their network of home-based caregivers.

Training of caregivers, both at the pre-service and in-service levels represented a large part of the total project effort and is discussed at length in Chapter III. It should be noted that the home-based caregiver must be competent in all areas of performance since she works independently much of the time unlike the aide in a center where supervision is always available. The on-site, individualized, in-service training was one of the most important supportive services offered and took place on an informal basis as the caregiver expressed her own felt needs or as these were observed by the nursery manager. Both para-professional social service aides played a most instrumental role in this respect. They were able to do a superior job of modeling good adult-child interaction behaviors, to counsel the caregivers who often had many personal as well as job-related problems and to guide them in their relations with the parents. It should be noted that when the contacts with para-professionals were reduced due to illness or other priorities, the caregivers began to suffer from the isolation of the job and problems increased.

Excursions into the community were an appreciated part of the program for the children and the caregiver alike. Para-professionals helped the caregivers plan group excursions and arranged for transportation in a Model Cities bus. It was helpful to get the women and children out from the confines of their small homes on a regular basis. It provided something to look forward to, an opportunity for interaction with each other producing project cohesiveness and an opportunity to learn about the community resources that were available. Informal training and discussions were frequently carried on while children napped on the beach or in the park.

The rotation of toys and equipment in the nurseries was another vital aspect of the ISN supportive services. The project purchased items such as cribs, high chairs, and specific toys that are quickly outgrown by children in family day care homes and need to be replaced by more suitable items. A loan service is a logical answer. This was carried out on a less than systematic basis until toward the end of the project when an especially able university field study student took this as a special assignment. She devised a record-keeping and rotation system that was successful. In addition she began to develop activity cards (Attachment I-B) appropriate for children of the ages of those enrolled in each family day care home. Many of these made use of the toys that she delivered every two to four weeks. It is precisely this type of input that is often necessary to keep a caregiver stimulated and concerned about meeting the needs of the children in her care. All women in family day care who had received our training and answered our questionnaire expressed a desire for such a loan service.

Placement of children in the nurseries was a part of the support system in the ISN program. There was a centralized waiting list of eligible children and their parents were informed as vacancies occurred. An interview was arranged in the home of the suggested caregiver. Preferably both parents, the child, a central staff member, and the caregiver were all present. Forms (Attachment I-D) were completed and the general program was discussed. Initial placement was made largely on the basis of the child's age and the available space. Occasionally, proximity to the child's own home could be considered but often the parents were so grateful to receive the service that inconvenience of location was minor. Although few problems were noted, a more systematic approach with carefully defined criteria might have been in order. Birchard and Wilson (1973) in the Ottawa program described a detailed interview for both parents and caregivers enabling the most appropriate placement available. It might also be useful to adapt Emlen's (1971) checklists for assessing the kind of care parents want and the relationship with the caregiver the parents see as appropriate.

Both Emlen and the ISN project found that often the most satisfactory placements were in homes where caregiver and parents were strangers initially.

The limited number of children who could be served at any one time was a constant source of frustration because the need was always very great. The waiting list usually far exceeded the number enrolled. Requests came from the entire island but enrollees were limited to Kalihi-Palama. The problem was more often in keeping a full complement of day-care homes.

Another important service of the ISN project was the food program. For the first year, prepared food was delivered to the nurseries from a pre-school kitchen. There were many problems with this arrangement, not the least of which was the time it consumed in delivery service. Moreover, the caregiver found that the food did not always suit the needs of children as young as those enrolled. Therefore a system was set up whereby the caregivers were given an allotment of fifty-five cents per child per day to purchase the ingredients necessary to prepare breakfast, lunch and two snacks. Concurrently they received intensive in-service training on safe and sanitary food handling, nutrition and meal planning, shopping for food and management of mealtime for young children. State Department of Health and Cooperative Extension personnel helped in the delivery of this training. All of these topics were eventually incorporated into the pre-service training plan and became one of the most valued sections of the training curriculum.

Caregivers submitted two-week menus to the central staff for advance approval and did the shopping themselves. Meals reflecting the ethnicity of both caregiver and children were encouraged and frequent. For a time a graduate student in the Department of Foods and Nutrition at the University assisted by checking the menus and monitoring the mealtimes in each of the nurseries. At the end of the project the Expanded Foods and Nutrition Program of the Cooperative Extension Service was assuming some of this responsibility.

Federal money should be available for food in family day care homes through the USDA's Day Care and Summer Feeding programs. Section 13 of the National School Lunch Act should include family day care homes when it states "other child care where children are not maintained in residence." However, USDA maintains that such day care operations cannot make good use of the program because of their small size and the extensive record-keeping requirements (Pollack, 1974). The Food Research and Action Center recommends that family day care should be eligible since they 1) provide the majority of child care services and 2) are often located in the poorest areas where children are most in need of good food. Until the present practices can be successfully challenged, linking family day care homes to preschools would be one means of obtaining this support.

Health services necessary for good family day care need to be broadly defined to include preventive activities such as training and consultation to caregivers and parents, regular recording of physical growth and development of children and readily available nursing care in emergency situations. Originally some of these services were provided by the nurse who was part of the day care center staff. Some days were scheduled for weighing and measuring the children but if children were absent, follow through attempts were lacking. Visits were made both to the nurseries and to the children's own homes but the amount of nursing service was inadequate to monitor on-going physical development of each child in a manner satisfactory for project evaluation purposes. It would seem that logical sources for health services for family day care would be close linkage with the Red Cross for basic caregiver training and with the public health nursing program for on-going health monitoring and emergency consultation.

In a comprehensive child care program, a social worker can be invaluable. There were shared services of a most sensitive person in this capacity during the first part of the project. She worked with the parents directly and guided the rest of the staff in their contacts as well. Social workers appear to have specific skills which can be effectively utilized in comprehensive day care programs. In a study reported by Heinicke (1973) the special training and counseling to families from social workers related to the child care program were credited with measurable behavioral changes in the children. Birchard and Wilson (1973) endorsed involvement of a social worker or counselor to be responsible for establishing a good relationship between caregiver and parent.

Another major link was with the Mental Health Clinic primarily because of the interest of one psychologist in the local clinic. The term mental health had a stigma insofar as many of the caregivers in our project were concerned but they were most responsive to the assistance given them by the psychologist when he visited in their homes. He consulted with them on behavior problems of the children, their own dealings with the parents and their personal problems. Whenever central staff members needed assistance in working with the caregivers on a specific problem, this psychologist was often able to present a different approach.

A number of linkages other than those previously mentioned were used for the supportive services they offered. One of these was the field study students in the Department of Human Development at the University. Students spent eight to ten hours per week with the project in varying capacities, according to the stage of the project and the interests of the students. Between two and four students were assigned to the project for three different semesters. The final semester was by far the best for these students in progression and specificity of experiences. They used the training materials for independent study at the beginning of the semester with occasional seminars with the director followed by regular, planned activities in the nurseries.

The Department of Social Services and Housing offered some resources to both caregivers and parents that were well understood by one of the para-professionals who had been a former employee of that agency. Supplemental monetary support in crisis situations and Homemaker Services in terms of housekeeping skills were two such resources. Licensing to legalize all day care and preschool programs was also under the supervision of this agency so that major contacts came during licensing and the annual re-licensing of homes.

Liability insurance was another supportive service which few of our child caregivers even realized was in existence. Although no injuries occurred, Morgan (1974) lists this as a supportive service which many family day care people would welcome. At the very least, a system whereby the participants could join together in obtaining less-expensive group insurance would be an attractive benefit for many.

The ISN project offered full salaried support for their caregivers. The salaries were very low initially ($324 per month) but eventually a system of increases based on competencies was developed. Salaries were the same regardless of the number of children enrolled in the home. This was an ideal arrangement in many respects, freeing the caregivers of the task of collecting fees from parents and the temptation of crowding their homes with many children in order to make more money. To replicate such a system on a broad scale is probably out of reach of most communities from a monetary standpoint. There are, however, several alternatives that would offer some of the same advantages. One would be to have a group of family day-care homes attached to a pre-school with the pre-school acting as collecting agent. Such a pre-school might also be in a position to supply other supportive services such as those previously mentioned. Such a linkage to an established agency acting as employer would make family day care workers eligible for the Concentrated Employment Program (CEP) and the Work Incentive (WIN) training funds. Another alternative would be to give incentive bonuses to caregivers offering superior care based on a system of demonstrated competencies and administered by state licensing or certification offices.

SELECTION OF CAREGIVERS FOR INFANTS IN FAMILY DAY CARE HOMES

The selection of family day care personnel is traditionally done in an informal, subjective manner. It often starts when a neighbor is asked to care for a child. This casual process breaks down as social and economic factors bring about neighborhoods where there are more strangers than acquaintances and the demands for day care outnumber the adults who stay at home and are potentially able to supply that service. The process becomes increasingly complex as society plays a regulating role through such agencies as state licensing offices, health departments, and professional organizations concerned with family life and child care.

Licensing procedures play a primary role largely because they are potentially enforceable and failure to become licensed makes a day care home illegal in most states. The requirements for licensing are heavily weighted in terms of physical conditions of the home with only minimum qualifications specified for the caregiver (Stevenson and Fitzgerald, 1971). In many states the qualifications for caregivers are limited to a medical examination. Projects that are exploring the effect of supportive services to family day care are, however, bringing more emphasis to personal qualifications of caregivers.

In New York City, the Family Day Care Career Program (Willis, 1970) provided a support system for families needing care for their children and families who were willing to provide that care. Careful interviewing took place for the prospective "teacher-mothers." Homes were checked and observers noted family relationships. Special attention was paid to matching teacher-mothers and children who needed care.

A family day care program in Ottawa, Canada (Birchard and Wilson, 1972) located homes after a child was found to be in need of day care placement. The "homefinder" visited homes of potential caregivers in the evening when the whole family was present. Essentially the homefinder looked for "a good, sensible, sincere and 'warm' person who related well to her own family and especially to children" (p. 15). A telephone in the home and adequate play area adjacent to or nearby were important. A medical examination of the day care mother and chest X-rays for all adults in the household were also required. Three personal references were obtained for each caregiver.

Urich in a Study of Family Day Care Systems in Massachusetts (1972) listed general characteristics sought in potential day care mothers: affection for and enjoyment of young children, energy, tolerance, good relationships with her own children, and a stable family situation both emotionally and financially. Also required was a home which would meet the state licensing standards and would be accessible to the homes of prospective day care children. He listed a minimum age requirement of 21 years according to state law. He found that women receiving AFDC payments were among the most difficult to recruit as caregivers because the minimal financial incentive reduced their welfare check proportionately but there was no guarantee of continuity of work or level of income. Another difficulty in recruiting women in low income areas was their inability to meet licensing standards in terms of housing conditions. A third difficulty was found in bringing in caregivers from very tradition-bound sub-cultures. The families of the caregivers were resistant to these women receiving an income and the families of the children found communication difficult because of language and customs that were unfamiliar to them. Generally, investigators found that working-class and middle-class women who were mothers of pre-school and school-aged children seemed to be the best prospects for recruitment. The problem of reaching these women was also discussed. A variety of recruiting methods including door-to-door soliciting, television advertising, neighborhood "grapevine," and contact through community organizations was used. Once applicants were found, screening included office visits, personal references and one or more home visits with special attention given at that time to relationships within the applicant's family. In spite of the very careful efforts during the initial selection, the training that followed still served as the final step in the selection process.

In a discussion of desirable characteristics of family day care homes, Dokecki, Bridgmar, Goodroe and Horton (1971) listed the following: indications of planning, interaction with children, responsiveness to others, and the activity and noise levels in the home. In addition, assessments were made of the neighborhood and overall home arrangements inside and out. Generally, their observations of family day care homes revealed adequate physical care and warm and affectionate workers, but little organized scheduling, great variation in ability to perceive and respond to individual developmental or personality differences and lack of concern for the provision of learning experiences. These findings were similar to those found by Keyserling (1972) in her study.

Four different categories of mothers were described by Weikart and Lambie (1970) in their home intervention project. There were a few mothers who had a good understanding of their children's needs and were judged to have a relationship that encouraged intellectual growth. Most mothers were categorized in a second group who wanted to do what was best but did not know how. The last two groups required considerable assistance from the project in developing effective childrearing practices. These two groups included mothers who were not involved with their children viewing them as slow or different, and those who seemed to be actually detrimental to their children's development. Similarly, Gray (1971) in discussing strengths and weaknesses of low-income families concluded that they had concern for their children but lacked the knowledge required to achieve goals and tended to see themselves as being controlled by events including the behavior of their young children. Each of these studies may be useful in evaluating prospective family day care workers.

Many writers described personal qualities they consider important in persons who provide care for infants (Chambers, 1971; Evans and Saia, 1972; Honig, 1972; Huntington, 1972; North Carolina Standards Committee, 1968; Parker and Dittman, 1970). Among those listed were (1) basic liking for and sensitivity to children; (2) acceptance of behavior characteristic of various developmental levels; (3) ability to provide experiences that promote physical, social-emotional and cognitive growth; (4) consistent use of positive guidance techniques; (5) appreciation for cultural and family differences; (6) ability to communicate with parents, other adults and staff; (7) knowledge of community and its needs; (8) flexibility; (9) capacity for further personal and professional growth; (10) humor and spontaneity; (11) basic reading and writing skills; (12) good mental and physical health and (13) high energy level. There seems to be little evidence, however, that these desirable characteristics have been translated into screening or selection procedures for child caregivers.

There is a paucity of references that describe the selection of family day care workers. Most of the studies deal with the procedures used to select center personnel. Arnote (1969) concentrated primarily on the personal interview for teachers in an infant center. Interviewers reviewed the job description with the applicant and generally responded to the applicant at a personal level. They looked for qualities such as: personal appearance and physical characteristics, voice and speech, participation level, personal arrangements for transportation and child care and absenteeism in former positions. Arnote concluded that "the initial, the ongoing, and the final test for employment is one of human relations" (p. 7).

In a survey made in the summer of 1970 over five states, Chambers (1971) found that there were more similarities than differences among the selection procedures for pre-school center personnel. Generally, no formal tests were used in the selection process; rather all personnel were selected on the basis of one or more interviews. Interviews were frequently conducted by several people and applicants were judged largely on the basis of the application form and the interview. In many cases, selection procedures also included a period of observation of the applicant in contact with children. Most found probationary periods highly desirable but often hard to terminate because of local political pressure. Generally, it was agreed that the "right person" was more important than any set of academic credentials, yet there is wide variation in people who can give "growth-promoting" care and the desirable qualities are often difficult to observe. Chambers then looked at the undesirable qualities and concluded that "it is the unique qualities of these unsuccessful individuals which could serve as guide-posts in assessing whether subjective impressions have predictive value" (p. 406).

Catherine Brunner (1971) listed some procedures similar to those of Chambers. They included a written application, personal interview and pre-involvement learning sessions to build understanding of children and intern experiences.

Jorn, Persky, and Huntington (1973) outlined useful procedures in the selection process. They requested, on the application form, a statement of the reason the applicant wanted the position. This gave the opportunity to assess the applicant's ability to write and also might reveal some basic attitudes. The interview was structured to provide an opportunity for the applicant to ask questions as well as the interviewer. The need for the applicant to talk with someone who is already doing the kind of work for which she is applying was also mentioned. The use of a description of a hypothetical problem-situation to which the candidate may respond was cited as a useful tool. Showing a pertinent film and asking for their reactions was another method suggested. A trial period of three months and an objective, established procedure for terminating unsatisfactory employees at the end of this time was also emphasized.

Among the more complex and highly specified selection procedures reviewed were the following two studies. Naylor and Bittner (1967) reported a selection test battery which was successful in screening preschool teacher aides. They included the Nelson Reading Test, the verbal portion of the Illinois State Employment Service Teacher-Nursery School Battery B-286, and the Parent Attitude Research Instrument (PARI).

The Medical College of Pennsylvania in its final report of the operational phase for a Child Care Worker Curriculum Project (Weinstein, 1973) specified a highly elaborate and detailed selection procedure. It consisted of the following seven distinct steps:

(1) pre-appointment, phone discussion, application and return call;

(2) discussion and demonstration of program and orientation to the training;

(3) group interview that measures process and inter-personal skills;

(4) testing at learning station tasks to measure abstract reasoning, empathy, critical ability and common sense;

(5) individual interview to measure maturity, stability, realism, self-concept and concept of self in community;

(6) health maintenance form and conference (a veto factor);

(7) post-procedure, self-selection conference (loss of interest at any point is a veto factor).

This procedure was reportedly most successful for the authors state that "in every case except one, making an exception to the results of the screening caused problems, while no one whose screening scores merited acceptance dropped out of the training groups" (p. 15). The training program is directed toward preparing teenage and adult members of the community to assume positions in fields related to developmental child care such as nursing, social work, psychology, pediatrics, teaching, day care and nutrition. The screening procedure was used not only to choose child care trainees, but to screen potential staff, volunteers and interested students.

The studies cited demonstrate the wide variety of techniques and criteria that have been applied in selecting child care workers. To some extent, each of these techniques has been tried in the Infant Satellite Nurseries project.

First Selection Procedure

An early concern of the project was to develop selection procedures that would identify capable caregivers. For the first effort two types of candidates were recruited. The first included persons living in houses or apartments within the Model Neighborhood Area (MNA) who met licensing requirements and who were willing to open day care homes. The second group of candidates included persons without suitable homes, who wanted jobs as caregivers and who lived in the MNA. All were to participate in an intensive training program.

The original selection procedure was designed by a personnel committee consisting of nine members from the Advisory Board. The procedure for recruitment involved several steps, all requiring completion of application forms and interview techniques. The goal was to identify potential caregivers who were mature, could communicate with natural parents, liked children and who could convey this through their attitudes and techniques in handling children.

Interviews were conducted by the Personnel Committee which included lay members who were residents of the MNA and representative of the peer group from which the applicants came. The professionals on the committee were from the project staff and the University community. A quorum of six was required before the committee could proceed. Because of the nature of the regular commitments of the group, the lay members were more available and regularly outnumbered the professionals who attended. The discussion of each candidate centered around her family, whether she liked children and previous work experience. The resident members of the committee often had a wealth of information about the applicant's personal life which the project staff felt was frequently not relevant and unduly influenced the committee's decisions.

In an effort to specify the qualities that were believed to be the most crucial in good caregiving and to focus the attention of the committee on these qualities, a Scale for Rating Applicants for Nursery Mother

Positon was prepared (Attachment II-A). The entire committee used the scale throughout the selection of remaining applicants for the first training program although the lay members expressed the concern that the scale took time. They indicated that they were doing it to meet the research demands of the project and, for the most part, failed to see it as a useful tool in helping them select future caregivers.

First Class

The personnel committee screened 36 applicants for the first class of trainees. Two men were among them. One eliminated himself by accepting another position. The other was 76 years old and had a marked hearing loss and was eliminated for physical health reasons rather than sex. The project staff had positive feelings toward men in child care but did not pursue male applicants specifically and no further males applied.

A pool of 11 candidates was selected for a second interview. This interview, conducted by three lay members and one member of the professional staff, had four specific goals. These were: (1) to give the applicants additional information about the job and the nature of the training required, (2) to gain additional information about the applicant's experience with children and attitudes toward them, (3) to observe the applicant's responses to simulated problem situations involving children in day care settings and (4) to secure responses to a simplified version of the Nurturance and Succorance sub-scales of the Edwards Personality Inventory (1969). The scales were included to test their value as predictors of future job performance and the quality of interactions with children. They were later abandoned because of the low reading level of many of the applicants and because of the resident committee members' mistrust of psychological tests. Thus the final selection was based primarily on the applicants' responses to the verbal parts of the interview.

Eight of the 11 applicants were selected and began training. Six of them ranged in age from 19 to 25 years. Two were in their forties. Four of the women had no children of their own, one had 14. Only one candidate had a home available for use as a satellite nursery and she was later disqualified because it was discovered that her home was just outside the MNA boundary. The eight women selected represented the ethnic groups of the State's lower socio-economic population, but not the total population. There were three Part-Hawaiian, one Filipina, one Samoan, and three Puerto Rican applicants. Neither Caucasians nor Japanese Americans, the state's two largest ethnic groups, were represented, primarily because they usually fall in the middle or upper socio-economic levels.

Of the eight women who began the first pre-service training sequence, five were graduated but provided no houses in which to care for children. Two of these were immediately employed in the demonstration nursery, which was rented by the project to provide a site for future training. One was employed part-time as a relief worker. One went on sick leave. The fifth moved to a neighbor island. Table II-1A provides a summary of the characteristics of these women.

Second Class

In an effort to secure persons able to use their homes, recruiting of applicants was continued. Canvassing and personal contact provided five more women who were considered. Two staff members visited the recruits in their homes making the initial contact far more informal and less threatening than the committee interview the first class had

TABLE II-1

APPLICANTS SELECTED FOR THE FIRST TRAINING PROGRAM

A. First Class of Trainees

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Completed Pre-Service Training	Status at Last Contact
1	19	Puerto-Rican	High School	1	0	No	Yes	Worked with project briefly, terminated for poor performance
2	19	Chinese-Hawaiian	High School	1	0	No	No	Withdrew from training.
3	22	Part-Hawaiian	High School	0	1	No	Yes	Moved to another island.
4	23	Filipina	Some College	1	0	No/later yes	Yes	Remained with project till end of funding. Operated her own F.D.C.H.[1]
5	24	Hawaiian-Filipina	High School	3	0	No	Yes	Accepted a better paying job in a sister-project's day care center.
6	25	Puerto-Rican	Less than High School	0	1	No	No	Family problems
7	44	Puerto-Rican	Less than High School	Over 5	2	No	Yes	Left after training with health problems
8	44	Samoan	Less than High School	0	14	Yes	No	Disqualified, home was outside of MNA.

TABLE II-1 (Continued)

APPLICANTS SELECTED FOR THE FIRST TRAINING PROGRAM

B. Second Class of Trainees

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Completed Pre-Service Training	Status at Last Contact
9	35	Filipina	Less than High School	0	5	Yes	Yes	Remained with project and has continued to operate her own F.D.C.H.[1]
10	36	Filipina	Some College	Over 5	5	Yes	Yes	Terminated for unsatisfactory performance
11	25	Part-Hawaiian	High School	2	2	Yes	Yes	Remained with project operating her own F.D.C.H.[1]
12	35	Filipina	College	Over 5	3	Yes (Did not meet project Standards)	Yes	Remained with project functioning as back-up caregiver
13	30	Part-Hawaiian	High School	0	1	Yes	Yes	Moved after she completed training, opened a family day care home in another city.

[1] Family Day Care Home

experienced. Although the prediction of the interviewers was negative for one of the applicants, the pressure for obtaining licensable homes was great, the applicant's motivation appeared high and so she was included in the group.

Of the five recruits, one moved away with her family after finishing training and opened a family day care home on another island. Four were hired by the project. The applicant who received the unfavorable prediction was discontinued after a few months because of unsatisfactory performance. Thus three homes eventually resulted from this recruiting and training effort. Table II-IB summarizes the characteristics of the second class of five.

Only 30% of the 13 applicants who survived the first selection procedures and began pre-service training remained to staff nurseries. High attrition, absenteeism, problems of job responsibility and lack of personal commitment to the job strongly suggested the need to revise the selection procedures.

Revised Selection Procedure

With the experience of the first selection and pre-service training sequence, we were then able to define the selection task far more clearly in terms of the knowledge, behaviors and attitudes required to do a creditable job of caregiving. We were also able to provide settings in which applicants and trainees could be observed and could experience the demands of the job. The revised selection procedure was integrated into the first unit of pre-service training defined and labeled orientation. This experience included a description of the job and the required training, observation in a day care home, and assumption of limited responsibilities in the operation of such a home through practicum experience. The goal of this rapid immersion into the task was to help each applicant gain a knowledgeable self-commitment to the project or an informed rejection of it as a vocational possibility. The selection process became a mutual decision for staff and applicant and made possible an early consensus on the amount of pre-service training required if the applicant were to meet the criteria for a beginning child caregiver. The first few days of orientation demonstrated simply and visibly many dimensions of the job and the knowledge required to do it. On the basis of these first days' experience, the applicant was helped to assess her own training needs. Later the nursery manager helped her to relate these needs to a further assessment of her skills and attitudes toward the job. If the applicant elected to stay and was acceptable to the staff, an individualized training sequence was planned. By maintaining an average ratio of three trainees to one staff person throughout the pre-service training, it was possible to individualize the training, crediting existing skills and concentrating on those areas where training was most needed.

Second Training Program

Of the fifteen women who applied, for the second training program, five voluntarily dropped out during the orientation period, leaving ten to continue training. One other withdrew later during the pre-service training. Another decided not to take a project job but the remaining eight became employees. Three were dropped from the project six months later due to performance levels which simply did not improve beyond an absolute minimum. It should be noted that all three of these were accepted into the program with reservations but were needed to open the required number of homes.

The group of 15 in the second training program was similar to the first group of thirteen in terms of demographic variables. They were, however, more successful in the training program, more responsible in the initial employment period and more committed to the goal of high quality care for young children. Table II-2 describes these women and summarizes their progress in the project from selection through training and into the job market.

Third Training Program

With the development of the third training program the selection procedure was further refined. All applicants filled out a new application form which was designed by the project staff using a variety of sources (Attachment II-B). Individual interviews were scheduled and conducted by a committee made up of one or two central staff para-professionals and a caregiver employed by the project. The interview consisted of a slide-tape presentation of a typical nursery day (Attachment II-C) and a structured discussion period (Attachment II-D). When possible this was conducted in the applicant's home to give the staff an idea of whether or not the home would meet licensing standards. It also provided an opportunity to meet the families of the applicants, assess their adaptability and observe their interaction patterns. Through the entire process, the interview committee recorded their impressions and observations and compared information to gain a preliminary idea of the likelihood of success of each applicant.

Following the initial interview was one full week of orientation. On the first day, the entire group of candidates toured the nurseries and the scope of the project was explained. The second day the applicants observed in the nurseries, one trainee per nursery, in the morning and the

TABLE II-2

APPLICANTS SELECTED USING THE REVISED SELECTION PROCEDURE FOR THE SECOND TRAINING PROGRAM

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Completed Pre-Service Training	Status at Last Contact
14	30	Part-Hawaiian	Some College	1	3	Yes	Yes	Remained with project operating her own F.D.C.H.[1]
15	30	Part-Hawaiian	High School	1	3	Yes	Yes	Left after one year for better paying job in child care field.
16	53	Part-Hawaiian	Less than High School	Over 5	3	No	Yes	Left for another job immediately after training.
17	35	Samoan	Less than High School	1	6	No	Yes	Remained with project for several months then accepted another job in the child care field.
18	25	Caucasian	High School	0	1	Yes (Withdrawn because of pressure from landlord.)	Yes	Operated her own F.D.C.H.[1] briefly, then continued to work as back-up caregiver. Later became project secretary, with plans to return to college in child development.
19	20	Part-. Hawaiian	High School	0	0	Yes	Yes	Operated her own F.D.C.H.[1]

TABLE II-2 (Continued)

APPLICANTS SELECTED USING THE REVISED SELECTION PROCEDURE FOR THE SECOND TRAINING PROGRAM

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Completed Pre-Service Training	Status at Last Contact
20	45	Filipina	Less than High School	0	1	Yes	Yes	Operated her own F.D.C.H.[1] for six months, terminated for poor performance.
21	26	Part-Hawaiian	High School	0	0	No	Yes	Worked with project for six months, terminated for poor performance.
22	20	Filipina	High School	0	1	Yes	Yes	Operated her own F.D.C.H.[1] for six months, terminated because of pregnancy and poor performance.
23	56	Filipina	Less than High School	0	3	No	No	Withdrew from pre-service training.

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[1] Family Day Care Home

group as a whole received an overview of the training program in the afternoon using the introductory module (Attachment II-E). Each applicant was then asked to assess her own level of knowledge to decide how much training she thought she would need (Attachment II-F).

The following two days each applicant was assigned to one of the nursery sites and spent the entire time working with an experienced caregiver. Members of the central staff visited these sites for evaluation of on-the-job performance. Later ratings were made of the applicants' interaction style based on the first four days of orientation (Attachment II-G and II-H). The fifth and final day each applicant was interviewed individually again by the interview committee so that applicant and staff could reach a mutual decision as to the advisability of continuing in the pre-service training program.

Under the third training program, five persons were interviewed initially. One dropped the program following this first step of orientation, the other four continued. The interview committee selected one person for the project position, recommended one other person highly, accepted a third person with some reservations and a fourth with many reservations. All candidates elected to continue with training, regardless of guarantee of future employment. All four completed training. The two top candidates were employed by the project. The other two have not been employed in the child care field to date, consistent with predictions. See applicants 24 through 27 on Table II-3. Nine more women in the third training program were WIN (Work Incentive Program) clients. Each of the nine had employment and/or adjustment problems but since the training had been arranged cooperatively as a rehabilitative procedure with no intention to provide staff for the project, no recommendations to discontinue the training were made. The predictions of the staff regarding the success of the trainees were recorded, however. After the initial interview and introduction to training, one candidate withdrew. The eight remaining are described in Table II-3, applicants 28 through 35.

The predictions for this last group made during the initial interview and first few days of orientation were partially consistent with what actually happened during and immediately following training. The one picked most likely to succeed was hired by a child care center.

The three who established family day care homes were judged to have relatively good potential for child care work during orientation. Lack of English reading ability was of concern to staff members for one of these three but her interaction with children was outstanding. Four were predicted not to succeed. One judged during orientation to be least likely to succeed was hired by a center. However, this person underwent dramatic change during training as described in the case study on pages 71-72 of Chapter III. The two who are not employed in child care were consistently assessed low in adaptability and performance during the selection week and training. The fourth withdrew during training. Table II-4 summarizes the progress of trainees in all three training programs and the relative accuracy of the predictions made using each of the selection procedures.

The improvement in prediction using the revised procedure is highly significant. The combined percentages of accuracy of prediction for the original selection procedure is 46%. Using the revised selection procedure and combining all groups from the second and third training programs the accuracy of predictions reached 82%. Applying a z-Test to these two proportions to test for the significance of the difference

TABLE II-3

CHARACTERISTICS OF TRAINEES WHO BEGAN THE THIRD TRAINING PROGRAM TO PREPARE FOR EMPLOYMENT IN THE FIELD OF CHILD CARE

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Referred by	Status at Last Contact
24	20	Filipina	High School	1	0	Yes	Voc Reh	Working in office.
25	46	Caucasian	Some College	0	3	Yes	Voc Reh	Unemployed
26	22	Part-Hawaiian	High School	1	0	No	Voc Reh	Hired by ISN Project and remained until end of funding period.
27	41	Puerto-Rican-Hawaiian	Less than High School	0	5	Yes	ISNP	Hired by ISN Project and remained until end of funding period.
28	32	American Indian Negro-Caucasian	Some College	1	1	No	WIN	Teacher in YMCA day care project.
29	36	Japanese	Less than High School	0	1	Yes	WIN	Operating her own F.D.C.H.[1]
30	38	Russian Portug.-Hawaiian	High School	0	5	Yes	WIN	Operating her own F.D.C.H.[1]
31	42	Part-Hawaiian	Less than High School	1	7	Yes	WIN	Working in Salvation Army Day Care Center
32	43	Pure Hawaiian	Less than High School	0	4	Yes	WIN	Working in laundry.
33	31	Caucasian	Less than High School	0	5	Yes	WIN	Unemployed, coping with severe personal problems.

TABLE II-3 (Continued)

CHARACTERISTICS OF TRAINEES WHO BEGAN THE THIRD TRAINING PROGRAM TO PREPARE FOR EMPLOYMENT IN THE FIELD OF CHILD CARE

Applicant	Age	Ethnicity	Education	Years of Related Experience	No. of Children	Available Home	Referred by	Status at Last Contact
34	46	Hawaiian Chinese	High School	0	6	Yes	WIN	Operating her own F.D.C.H.[1]
35	31	Caucasian	High School	0	3	No	WIN	Withdrew from training program.

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[1] Family Day Care Home

TABLE II-4

ACCURACY OF PREDICTIONS OF SUCCESS OR LACK OF SUCCESS OF PERSONS SCREENED FOR CHILD CARE TRAINING

Selection Procedure	Number of Applicants	Discontinued Following First Interview	Number of Applicants Predicted: To Succeed As Caregivers	Number of Applicants Predicted: NOT to Succeed As Caregivers	Discontinued Later in Pre-Service Training	Number in Child Care Six Months or More After Completion of Training	Accuracy of Predictions Made During Selection in Percentages*
First Selection Procedure, First Training Program							
1	36	28	8		3	2	25
2	8	3	4	1		4	100
Revised Selection Procedure, Second Training Program							
1	10	4	6			5	83
2	5	1	2	2	1	0	50
Revised Selection Procedure, Third Training Program							
1	5	1	2	2		2	100
2	9	1	4	4	1	5	88

*Comparing the combined level of accuracy for the first and the revised selection procedures, an improvement was noted that was significant at the .001 level.

between them yields a z of 3.39 which is significant at better than the .001 level.

Discussion

Experiences with selection and supervision of caregivers has enabled the project staff to identify qualities that are associated with successful child caregiving. All of our most successful caregivers had some qualities in common that fall into three general categories: physical, cognitive and affective. The physical qualities that seem to be important include a high degree of stamina, high energy level, good physical and mental health. The cognitive qualities include flexibility such as the ability to do more than one thing at a time and to adjust plans to the needs of the moment; application of knowledge of child care and development knowledge to actual situations; an openness, eagerness and ability to learn; ability to interact verbally with parents, staff and children; basic reading and writing skills; and a knowledge of the community and its needs. Included in the affective qualities are positive interaction patterns reflected in behaviors that demonstrate a liking for children; humor, warmth and affection; acceptance, concern and commitment to children, parents and staff.

Our less successful caregivers lacked qualities in one or more of the three major categories, thus impairing their chances to progress through training and their performance on the job. For example, one of our least successful caregivers was high in affective qualities but low in cognitive areas of functioning. Another had so many personal problems that she could not use her other abilities successfully. Another had some important ingredients in the cognitive areas but lacked an easy verbal facility, openness and warmth in interaction with children. They all had good physical health but could not channel or pace their expenditure of energy. Age or formal education had little influence on success or the lack of it.

Can the positive qualities identified as essential for competent child caregiving be developed in a relatively short-term training program? Our findings indicate that basic qualities have been present in our more successful caregivers before pre-service training began. Then experience and further training helped to focus, channel and expand the potential for personal growth and successful child caregiving. The task is to assess the personal qualities present in an applicant to predict success first in training and then in child caregiving.

The physical health can be determined by a medical examination and chest X-ray usually required by state regulations at the time of licensing. This gives few clues as to energy level or stamina. Observation of the trainee in the nurseries in a variety of situations is necessary to evaluate these qualities.

The cognitive functioning in relation to the training is assessed repeatedly by the pre- and post-tests included in each module. These are essentially achievement-type tests to determine the skills in content areas. They also give indication of academic skills as they are revealed in the training procedure. Application of knowledge to the practical situation, flexibility, openness and ability to verbalize are all observable qualities that can be assessed throughout orientation and pre-service training by alert observers.

The affective qualities are difficult to measure. The rating scale of applicant style (II-G) was the first effort to assess some of these characteristics. Following this, a survey of techniques used in other projects to evaluate patterns of interaction between two or more persons was made and a more systematic, behaviorially-oriented observation schedule constructed (Attachment II-H). The procedure is designed to describe the interaction between the caregiver and children or other adults in the nursery. Using a time-sampling technique, the person(s) with whom the caregiver is interacting, the activity, the level of involvement, the caregiver's technique and her verbal behavior are recorded. Further discussion of the instrument is found in Chapter IV.

There are arbitrary selection factors entering into family day care that can be avoided in selecting personnel for center care. To be a family day caregiver, one must have a home that is acceptable to local licensing officers. In this project excellent caregivers were trained but their homes did not qualify. In other cases, pressure to meet contractual demands forced the project to accept women whose prognosis in training was poor simply because they had acceptable homes. Many applicants were interested in the job description but reluctant to open their homes. Resident members of the first personnel committee warned the professional staff of these potential difficulties. There is strong feeling in this community that a home is a "private place". Committee members felt strongly that the project would have to build trust in the community before homes would become readily available. This was definitely found to be true. There were other complications as well. Many of the potential employees lived in public housing and risked having to move if they opened a family day care home since rent restrictions in relation to income were so stringent. Other candidates lived in homes where several families lived together in dwellings designed for single families.

This is a common solution to high rental costs in Hawaii but decreases the probability of finding suitable locations for family day care homes.

Personnel selection for many occupations has been dependent on the interviewer's sensitivity and response to a large number of unidentified or unarticulated cues. In an attempt to make the selection procedure replicable, this project has attempted to specify the qualities of the caregivers that contribute to her success. It has also attempted to specify the procedure for (1) exchanging information between the applicant and the persons selecting workers and (2) discovering the assets and entry level skills the applicant brings to the situation. The interview process is involved in each of these undertakings. The number of interviewers and their proximity to the actual caregiving situation are both important points to consider. The actual method of interviewing using situational questions and presenting factual information is vital. However, the interview must be supplemented with practical job-related activities which allow the applicant to immerse herself in the child caregiving situation. This allows the applicant to decide for herself if she would enjoy the day-to-day task sufficiently to continue training and move into a child care occupation.

All of these procedures have begun under this and similar projects and some tools have been designed to aid in the process. These instruments are experimental and need validation. Other observational instruments need to be devised for tasks where none now exists. A viable selection procedure can eliminate the waste of time, effort and money in an area where resources are limited.

Ninety per cent of the children who are not cared for in their own homes are in family day care. Since this is usually neighborhood- and home-based, parents find it acceptable. For the most part it relieves the government and private agencies of the necessity of making a monetary commitment to this large group of children and perpetuates the exploitation of the family caregivers who are assuming much of the responsibility for the early childrearing of the next generation. Certainly monies for child care reflect a lack of commitment to children. Most communities and most families cannot afford the actual operational costs for high quality care. Unfortunately many parents are not even aware of the components of comprehensive care that will enhance development of their children. In order to exert pressure on government and private sources, parents should be educated to know what to demand. They must be unwilling to settle for less than an environment that is not only physically safe but also emotionally secure and cognitively stimulating for their children.

Undoubtedly the greatest impact on selection of family child caregivers, whether independent or agency supported, would come through strengthening the state licensing procedures. Licensing agencies could adopt some of the techniques that were used in the selection and orientation procedures in this project. For example, licensing staff could use a slide-tape presentation of a typical nursery day. They could put the proespective caregiver in touch with other caregivers in her neighborhood so that she might visit those persons on her own initiative and observe the dimensions of the task before actually taking children into her home. Thus the licensor's second home visit could be an informed exchange of information. The licensing agency could also provide training itself or point out training possibilities provided elsewhere in the community.

A final recommendation is for the establishment of a graduated certification process in addition to licensing that would provide incentives for demonstrated competencies in caregiving. As a caregiver increases her skills and enriches the environment of the children for whom she cares, recognition in the form of status and monetary rewards should be made. Such a system based on merit would do much to insure quality control.

TRAINING FAMILY CHILD CAREGIVERS

Training of caregivers is essential for the delivery of high quality care for children. Development of an effective training system must include careful decisions as to underlying philosophy, format, content and method of delivery, particularly when training paraprofessionals from culturally-diverse, lower socio-economic communities where academic skills are minimal. The training system of the Infant Satellite Nurseries (ISN) Project evolved over a three-year period incorporating modifications that reflect continual analysis of learner response.

The following paradigm, which is explained in greater detail later in the chapter, is basic to the training system. It includes:

(1) skill, defined as the ability to respond to a child's specific need;

(2) understanding, defined as the recognition of children's needs within the framework of long-term developmental goals and

(3) competency, defined as the behavioral demonstration of the integration of skills and understandings, combined with sensitive, positive patterns of interaction.

A competency-based curriculum was developed using the paradigm as the foundation. It was designed to recognize the entry level performance of each trainee and guide in selecting learning experiences that were appropriate for her level of functioning and that would help her to increase her caregiving competencies.

In order to implement the curriculum, well-defined content was sequenced in order of difficulty beginning with areas that were concrete, familiar, and non-threatening to a variety of cultural values. Each unit of content was made up of several related modules. As used in this project, a module is a self-contained and independent unit of instruction with a primary focus on a few well-defined objectives (Murray, 1971). The modular concept, coupled with programmed learning (Popham and Baker, 1970), appeared to be one means of approaching greater efficiency in helping the unsophisticated student to develop competencies. Each module specified performance objectives (Weigand, 1971) crucial to the demands of the job and described methods which enabled the student to develop those behaviors. Parker and Dittman (1970) also conceptualized an extensive set of competencies with parallel statements of behaviors that would provide evidence for each of these competencies at several levels of proficiency. Ideally, the format through which the curriculum is pressented and the manner in which the content is selected and programmed should assure maximum usefulness and adaptability for a variety of trainers and training sites.

Content had to relate to practical situations and be immediately applicable to hold the interest and remain a viable objective for ISN trainees (Mazyck, 1971; Urich, 1972). Projects involved in training center personnel also had to make similar decisions as far as content areas were concerned (Jorn, Persky and Keister, 1973; Huntington, 1972; Honig, 1972). The curriculum units emphasizing theoretical models, i.e., Piaget or Erikson (Lally, Honig and Caldwell, 1973), proved unrealistic for our trainees as did expectations for independent study. They did respond well to emphasis on improving the quality of the interaction between children and caregivers so long as these attitudes and feelings were interwoven throughout the modules that involved more concrete, highly specified behaviors. These behaviors could then be labeled cognitively-stimulating and trust-generating and still be appropriate for our trainees' beginning needs. Weikart and Lambie (1973) emphasized the importance of a nurturing attitude resulting from helping the adult to take the "infant's point of view, infer his needs and interests, and determine some way of balancing them against her own (the caregiver's) and those of other members of the family." Other work directed primarily toward training parents or home visitors was helpful in providing ideas concerning specific interaction skills (Brazelton, 1969; Fraiberg, 1959; Ginott, 1965; Gordon, 1969; Spock, 1957; White and Watts, 1973). The emphasis became one of developing on-the-job competence which paralleled the policies of the Child Development Associate Program being developed for the training of teachers of 3-5 year olds in centers (Klein and Williams, 1973; Zigler, 1971).

Once decisions are made concerning basic philosophy, format and content, finding methods to train paraprofessionals from limited educational backgrounds is a challenge. Visual aids are immensely important in reaching the trainees. They de-emphasize the need for reading skills and thus eliminate an artificial barrier to learning. Slide-tape presentations were developed that reflected familiar settings and showed children of various ethnic backgrounds typical of the state's population. These materials made transfer of new information to familiar settings easy and direct. Slide-tape presentations were also used successfully by a program called SNAP/SMART (1972) to train persons from comparable backgrounds.

Video-taping was attempted for several purposes. Training sessions led by specialists were taped in the event that these trainers would not be available for subsequent meetings. Video-taping was also used with trainees in practicum situations for evaluation purposes. Examples of interaction sequences and of typical behavior of children at different stages of development were used as illustrations in training. Many other projects (Cooper and Allen, 1972; Schuck, 1972; and Hoerner, 1972) used video-recording in pre-service and in-service teacher training. "This form of feedback, objective as it is, has been found to be more complete but less emotional than that provided by staff of other students. It usually provides positive, as well as negative, feedback" (Saskatchewan Newstart, Incorporated, 1970). Although there are advantages, there are also numerous complications in video-taping in home settings (High Scope, 1973).

Other methods not dependent on expensive equipment or the presence of technical personnel have worked well at both the pre-service and in-service levels of training caregivers. Seattle Community College developed three-day institutes for established family day caregivers (Fargo and Charnley, 1971). Dokecki et al. (1971) developed training plans for weekly visits to the family day-care homes using a set of objectives for each visit. Emlen (1971) centered his attention on natural community leaders as a valuable resource to caregivers, while Sale (1973) used informal "rap" sessions made possible by assigning college students as relief workers for the caregivers.

There is general recognition that pre-service training is not enough and in-service training must follow to maintain and continue to upgrade the quality of care provided (Lally et al., 1973). Certainly the logistics of getting in-service training to family day-care homes is difficult. Television and radio could be two means of meeting some of these problems and have been tried or are anticipated in several states. Mass media, used exclusively, however, precludes the personal interaction, a vital part of so many training programs.

First Pre-Service Training Program

Procedures

The first training session was held for a group of eight women over a period of six weeks. The first three weeks were to be spent in classroom activities and the last three weeks were to be used for practicum in the demonstration nursery under the supervision of project staff. This was the minimum thought by project staff to be necessary before the trainees should assume the responsibility for the care of young children.

Topics covered were those traditionally associated with programs for beginning training in child care and development: health and safety, nutrition, infant care (bathing, diapering, dressing, feeding), growth and development, social-emotional development, language and sensorimotor development, relating to parents, developmental stages and stimulation programs. Training was carried on five days per week, about seven hours per day. Material was presented by lecture and demonstration, supplemented by films, slides, books, pamphlets and field trips whenever these were available. Every effort to vary the mode of presentation was made. Each trainer was instructed to write the modules in a standard format which included instructional objectives, materials, procedures and discussion or activities to apply the concepts taught. Pre- and post-tests were to be developed and used for each module.

Discussion groups or "rap sessions" proved to be an important and integrating part of the training program. They provided trainees with an opportunity to discuss their feelings and reactions to their experiences in an informal, supportive atmosphere. Additionally the sessions tended to serve, in part, as a review since trainees discussed their activities with the leader. The role of the discussion leader was an extremely sensitive one, requiring a skilled, group-process person as well as someone comfortable and familiar with the local cultures. These qualities were amply represented in the rap session leader and were primarily responsible for the apparent success of this phase of the training program.

Although the plan was to have approximately equal time spent on classroom activities and practicum, the practicum time was hampered by the difficulties in getting the first family day care home underway. Since family day care homes were difficult to locate in the target neighborhood initially, the project staff made the decision to rent a home in the neighborhood, have the nursery manager move into it and open a model nursery. These efforts to establish the nursery moved slowly, severely limiting the time available for trainees to spend in practicum. Each trainee spent only two days in practicum in the model nursery while five days were spent in preschools for guided observation.

Because none of the graduates of the initial group had acceptable homes available, a second group of five women were trained more informally. This was done in a shorter period of time using the same training materials although greater emphasis was placed on practicum.

Evaluation

Critical examination of the initial pre-service training showed that the students responded well to concrete learning tasks requiring active involvement. Role playing, discussion, practicum, sorting, ordering and puzzles were effective for both presenting materials and for evaluating progress. Individual projects and homework assignments served as a review of materials covered and gave trainees an opportunity to demonstrate initiative. The trainees seemed to enjoy their outside assignments and took pride in reporting and presenting their projects. Most of the trainees responded poorly, however, to classroom sessions that were longer than 30 minutes, and to academically-oriented tasks such as listening to lectures, reading, or writing. Generally, the trainees were not accustomed to being committed to activities for an entire day. The transition, from a home-centered schedule with relatively few obligations outside the home and family to the extensive demands placed on a full-time student, was a difficult one for many trainees. Decisions needed to be made concerning the basic academic skills that should be required to function effectively as a caregiver. More information about the trainees' background was needed to avoid the introduction of inappropriate demands and keep the program more consistent with their expectations.

The rap sessions were highly successful from the trainees' point of view. There was some problem in communication, however, between the discussion leader, who had no other responsibilities for training, and the instructional staff. While this was a problem for staff, the detachment of the rap session leader tended to allow the trainees greater freedom to express their real feelings.

The original plan was to include pre-tests with each module to assess the entry level skills of each trainee, thus helping the instructor to make her presentations most appropriate. Parallel post-tests were to be used to determine whether or not each trainee acquired the skills and understandings necessary to function as a caregiver. Regular evaluation of trainees' progress before and after the modules did not occur systematically, however, because several instructors were teaching, each in their own areas of specialization. Thus the style of instruction varied markedly, and the pre- and post-testing procedure was inconsistently developed and used.

The scheduled six-week training period seemed to have been too lengthy especially considering the limited facilities available for practical experience. With only one family day care home functioning, there were not enough opportunities for each trainee to work with children on a daily basis. Observation was possible at several day care facilities sponsored by other agencies but participation was limited to the one family day care home or model nursery.

In summary, the initial training program attempted to motivate the caregiver to see herself as a person providing a valued service which required high level skills and understanding. However, trainees still saw themselves primarily as providing good custodial care. They had limited appreciation of the individuality of each child or of the importance of the quality of interaction between the caregiver and the child. Evidently, the early pre-service training failed to make the instructional sequence coincide sufficiently with job-related competencies.

Another means of evaluating the initial training program is in terms of the number of women completing the training and remaining with the project. Only five of the first class of eight completed training although the entire group of five in the second class completed it. Three of the first five "graduates" were hired and four of the second class of five were hired. The fifth from the second class moved away from the area but opened an independent family day care home on another island. Of the seven hired, two were terminated within 90 days for unsatisfactory performance, and one later moved into a 3-5 year old center program. The other four remained with the project to the end of the funding period. Table III-1 summarizes these statistics under the first training program section.

Table III-1
WOMEN ENTERING ISN CHILD CARE TRAINING PROGRAMS AND THEIR TENURE IN THE CHILD CARE FIELD

							Working in Child Care Field	
	Started Training	Completed Training	Received College Credit	Hired by Project	Later Terminated by Project	Terminated Voluntarily	ISN Through-out funding Period	Working in Other Child Care Agencies
First Training Program								
Class 1	8	5	1	3	1	1	1	1*
Class 2	5	5	3	4	1		3	1
Second Training Program								
Class 1	9	9	4	8	3	4	1	2*
Third Training Program								
Class 1	4	4	2	2			2	
Class 2	8	7	3					5

*These trainees left the ISN project to accept better paying jobs in child care field hence are also counted in the column Terminated Voluntarily.

Second Pre-Service Training Program

Procedures

In preparation for the training of the second group of women, revision of the initial training materials was undertaken (see Attachment III-A). One of the initial efforts in this direction was to outline clearly the specific duties of a child caregiver and the minimum skills necessary to perform those duties effectively. In all of the modules, an attempt was made to incorporate more effectively a developmental approach to child-rearing emphasizing affective, social, cognitive and physical development. Effective teaching techniques from the initial training were retained.

This revision was used to train nine additional women between July and November 1972 (see Attachment III-B). Because absenteeism and attrition throughout the initial session had been high, a number of significant changes were made. A revised selection procedure and orientation to the job were developed and incorporated into the beginning sections of the training (see Chapter II). The training period was shortened from the six-week period to a two-to-four-week period depending on the needs of the trainee. More of the training took place in the demonstration home and in the candidates' own homes as these were prepared for opening as nurseries. The nine women were trained in groups of two or three, making it possible to recognize the entry level skills of each trainee in each area, to individualize the training to meet her needs and to reinforce behaviors that reflected positive interaction with the children.

Evaluation

Training attempts were still fragmented and were, from beginning to end, too complex to be seen by the trainees as clearly relevant to their on-the-job performance. The lack of continuity and coherence in the modular training plan was still a problem. This was due to unrealistic expectations of regular staff personnel and the employment of consultant-trainers on short-term assignments. The result was a training program which lacked the systematic underlying rationale to integrate the materials it contained.

This phase of the pre-service training was reasonably successful, however, in terms of the number completing training, employed by the project and tenure in this or related child care efforts (see Table II-1, page 35). All nine completed training and were offered positions with the project. One took another job instead. Three were dropped within a six-month period primarily due to inadequate performance. One gave adequate service but eventually had the opportunity to work as an aide in a day-care center for 3-5 year olds where her quality of performance increased markedly. Four continued with the project for an extended period; two of these remained until the end of the funding period.

Third Pre-Service Training Program

The intention underlying the revision of the initial selection procedures and the second training program was to achieve a comprehensive training program integrating selection, pre-service and in-service training and job performance criteria. Instead of continuing to revise the existing modules, the project staff developed a paradigm of competencies as the underlying rationale for developing a revised curriculum. The paradigm follows:

1. Skill is defined as the ability to respond to a child's specific need. It consists of knowing how and doing what is

necessary to meet the child's immediate need, whether physical, social-emotional or cognitive.

2. Understanding is defined as the recognition of children's needs. It includes the quality of nurturance in the style of adult interaction with a child and/or children. Understanding also includes the perception by the caregiver of a child's total behavior and his immediate needs within the framework of long-term goals of comprehensive high quality care for children that facilitates individual growth.

Either understanding or skill can be present without the other.

3. Competency is therefore defined as the behavioral demonstration of the integration of skill and understanding. It includes the appropriate response to the child's behavior as this relates to his immediate needs within the framework of the caregiver's perception of his total behavior and the caregiver's perception of comprehensive high-quality care.

Using this paradigm as a theoretical base, an entire pre- and in-service training curriculum for child caregivers was conceptualized. The curriculum consists of ten major units, each composed of 3 to 15 modules (Attachment III-B). Module is defined here as a "self-contained" unit of information relative to a larger body of knowledge, but focusing on one aspect of the child-rearing task at all levels from skills to understandings to competencies. Each of the units covers a wide range of related information at increasingly complex and abstract levels. The simplest and most concrete skills and content are included in pre-service training entitled Level One Modules. Elaboration and expansion of the basic concepts and skills to include understandings and competencies come primarily during in-service training and are classified as Levels Two and Three. Within a unit, each module contains one or more of the three levels. Table III-2 shows the overall organization of the curriculum according to the paradigm by levels of complexity.

Table III-2
PLACEMENT OF MODULES BY LEVELS ACCORDING TO THE PARADIGM UNDERLYING THE CHILD-CARE CURRICULUM

		Skills	Understandings	Competencies
Level 1	I.	1		
	II.	1, 2, 3, 4, 5, 6, 7, 8		
	III.	1, 2, 3-13		
	IV.	1, 2, 3, 4		
	V.	1		
	VI.	1		
	VII.	1, 2, 3		
	VIII.	1		
	IX.	1		
	X.	1, 2, 3, 4		
Level 2	I.		2, 3, 4, 5, 6	
	II.		1, 2, 3, 4, 5, 6, 7	
	III.		1, 2	
	IV.		1, 2, 3, 4, 5-8	
	V.		2, 3	
	VI.		1, 2, 3, 4, 5	
	VII.		2, 3, 4-14	
	VIII.		1, 2, 3	
	IX.		1, 2, 3, 4	
	X.		1, 4, 5, 6, 7	
Level 3	I.			2, 3, 4, 5, 6
	II.			
	III.			
	IV.			2, 3, 5, 8, 9, 10
	V.			2, 3
	VI.			1, 3, 4, 5, 6, 7, 8, 9
	VII.			2, 3, 4-14
	VIII.			1, 2, 3, 4-7, 8
	IX.			3, 4, 5
	X.			1, 4, 5, 6, 7

Roman numerals refer to units.
Arabic numerals refer to modules.
Titles for units and modules can be found in Attachment III-B.

Each module includes a purpose, introductory statement, performance objectives and specific concepts. In addition a detailed script and descriptions of visual aids accompany each specific concept covered so that a trainer with a minimum of background can cope with the basic content or so that the materials can be used on an auto-tutorial basis. Many visuals, primarily slides and video tapes, were developed by the project staff to illustrate the modules. Also included are supplementary experiences, handouts, pre- and post-tests and any related checklists and charts. Attachment III-C includes the written materials for a complete module.

Articulated steps in the form of competency-based performance objectives from each unit of the curriculum were formulated and grouped by levels forming the basis of a career ladder. In implementing the curriculum based on the paradigm, trainees must first acquire the skills, which become Level One on the career ladder, before they are required to internalize the understandings which become Level Two on the ladder. It is the integration of skills and understandings that results in higher level competencies which become Level Three on the ladder. Descriptions of performance criteria are stated on the career ladder which make it possible to differentiate between levels. Monetary incentives for different levels of performance were included in the plan and followed with the caregivers who were employed by the project (Attachment III-D). Pre- and post-tests were designed to measure levels of achievement for each module. An Interaction Observation Schedule was designed to record the quality of interaction between caregivers and children (Attachment III-E). This instrument was devised in an attempt to assess the affective qualities of the caregiver and to focus on behaviors which reflect her attitudes toward children. These two methods of evaluation form the basis for determining the level of functioning of each trainee on each dimension of the career ladder.

Procedures

The resulting curriculum was field-tested four times during the last year of the project. Unlike the preceeding training programs which had the major goal of gaining trained employees for the project, these field tests took place primarily with people seeking training to improve their own job skills and who would become part of a pool of better qualified child caregivers in the community.

The first group of trainees under the newly developed curriculum included three from Vocational Rehabilitation Agency and one applicant from the community in which the project was located. Two of these women were hired for the project. Later in the year a group of eight women from WIN (Work Incentive Program) were trained. In both cases a four-to-six-week workshop format was followed in the manner outlined in the first two columns of Table III-3. The third column applies primarily to project employees although ideally should be available to all.

Exceptions to the general training format occurred with two groups of college students. The first group was given an intensive two-week community college workshop with practicum following in the ensuing semester. The other exception was with a group of three University field-study students who, after a tour of the nurseries and general overview of project and training, were each given a complete notebook of all materials. They used the materials on an auto-tutorial basis with one hour per week conferences with trainers. Their practicum fieldwork followed completion of the last written post-tests. In both cases, students progressed to advanced levels of the training program.

Table III-3
STEPS IN ESTABLISHING FAMILY DAY-CARE HOMES

Selection and Orientation	Presentation of Specific Skills and Subject Matter	Establishment of Family Day-Care Homes
Contact	Contact	Contact
Identify prospective trainees individually or through agencies such as WIN, CEP, immigration. Interview preferably in home with family present. Show Typical Day slides. Fill out Application.	Identify community resources to help with training, provide practicum and observation sites. Identify sources for films and visual aids.	Identify parents with children. Interview parent and child in home with caregiver and trainer or manager present. Repeat above procedure placing only one or two each week.
Training	Training	Training
Orientation, 2-4 days: See and discuss slide presentation of "How it Feels to be a Child Caregiver" (Unit I, Module 1). Administer pretests. Tour nurseries. Observe and participate in a nursery.	Pre-service, 4-5 weeks: Schedule workshops 2 days each week from 9 A.M.-3 P.M., practicum 2 days each week from 8 A.M.-1 P.M., primarily in home nurseries, but possibly in some centers. Alternative procedure: Receive training through community college course with practicum arranged with instructor's approval. Visit other children's programs.	In-Service, concentrated for one week to one month: Work under close supervision of manager or trainer in preparation for independent or semi-independent functioning. Continue support services indefinitely, including: 1) "rap" sessions weekly or semi-weekly that included needed training.

Table III-3 (Continued)
STEPS IN ESTABLISHING FAMILY DAY-CARE HOMES

Selection and Orientation	Presentation of Specific Skills and Subject Matter	Establishment of Family Day-Care Homes
Training	Training	Training
	Administer post-tests following each unit. Administer Interaction Observation Scale at beginning and ending of training period.	2) home visitor delivering toys and equipment with ideas for use. 3) relief for emergencies and occasional hours off for training. 4) assistance in managing food and supply money.
Counseling	Counseling	Counseling
Discuss adaptability of trainee to vocational choice.	Consider adjustment to training demands.	Consider demands and isolation of the job.
Licensing	Licensing	Licensing
Clear with the Dept. of Social Services and Housing to arrange for initial assessment of home and health status of caregiver and family.	Make doctor's appointments. Remedy deficiencies in home.	Completed upon placement of children.

Evaluation

The third training program retained the successful aspects of the first two programs but added the needed underlying rationale. Other changes included more practicum integrated with workshop training time, a somewhat more realistic training period, shorter days for training and practicum, and one or two major instructors with only occasional resource persons. The underlying structure and increased consistency in delivering the materials made visible the organization of the curriculum in the third training program and gave both trainees and staff increased confidence.

During the field-testing of the third training program, major decisions evolved concerning the evaluation procedures. Pre- and post-tests were used consistently. Pre-tests were administered at the beginning of the entire training program. Post-tests were given immediately following completion of each unit. Unfortunately the tests used were not the most adequate measures and revision of them has continued. Nevertheless, improvement was noted from pre- to post-tests for trainees in general. Assessment of the quality of the interaction between caregiver and children using the Interaction Observation Schedule was used early in the training program and again toward the end. Because of difficulties in scheduling these at appropriate times, an attempt was made to video-tape sequences of interaction between trainees and children and score these using the Observation Schedule. This proved extremely complicated in the confines of the small homes; moreover, it was a threatening experience for the trainees.

Gradually the need emerged to have two sets of pre- and post-assessment instruments for each module. One set of behavioral checklists was needed to assess specific skills that trainees could demonstrate to an observer during practicum. Another set of easily-scored, written tests was needed to assess the comprehension of content presented in the classroom. Using these two sets of instruments to assess skills and knowledge and the Interaction Observation Instrument to assess affective qualities of caregiving, adequate information regarding the trainees' progress through the program can be gained.

In the third training program there were four groups totaling 21 people. Of these, twenty completed training requirements which included attendance at all workshops and scheduled practice. Not all were in a position to go directly into child care, especially the community college and university students. Of the nine student trainees, however, one-third or more indicated an interest or desire to explore the field of early childhood more extensively and at least one is considering graduate work in a related area. Of the remaining eleven women completing training, all were from low socio-economic backgrounds and most had a history of low educational attainment. Of these, two were employed by the project, two were employed by day-care centers, three opened their own family child-care homes, two are working outside the child-care field, and two are receiving further counseling and guidance in order to cope more effectively with their own complicated personal lives. Table III-1, page 61, summarizes these statistics under the third training program section. Tables II-1 through II-3 in Chapter II give further information about individual trainees in all of the training programs.

The impact of the training program was especially apparent in the following case study of a WIN trainee.

> F. is a friendly, divorced woman in her late thirties who was referred to the training program by the Work Incentive Program (WIN). She had lost custody of 5 of her 7 children

but had done a great deal of babysitting in an attempt to supplement her meager income. She showed several of the staff members a letter from a parent of one of the children for whom she babysat that included references to her lack of dependability and frequent need to take time off to manage her personal affairs.

F. began the first orientation day of the WIN training program with a somewhat reserved, almost negative attitude. She commented critically about "permissiveness" in regard to the Typical Day slide showing the crawling baby fingering the screws in the custodian's toolbox. F. had more "babysitting" experiences than any of the other trainees. She also had been a Head Start and Follow Through parent and volunteer; however, the WIN social worker described a long history of complaints from parents of children F. had cared for in the past.

On the initial staff evaluations made at the end of the two-day orientation period, the trainers considered her prognosis to be borderline. F. appeared to want to learn but her experiences to date had been unsuccessful. One of the staff commented on her inability to communicate with children.

F. was given the opportunity, however, and throughout the training she was prompt and regular in attendance. The dark glasses she consistently wore were a key to the reserve and lack of confidence that characterized her classroom behavior. Her interactions with the little boy she brought with her for several weeks was negatively directive and lacking in understanding of the child's developmental needs. Her participation in discussion usually was in reference to difficult neighbors and parents and showed little sensitivity for the child involved.

The first verbal evidence that things were changing for F. came following presentation of a three-minute cartoon film entitled Claude. This film depicts a little boy who "never can do anything right". There was utter silence for a few moments after completion of the film. Then F. broke the silence with the words "That must be the way my son thinks of me." It seemed to be a breakthrough although little else specific was noted in her behavior until an excursion to a pre-school toward the end of the training period. There she was one of several of the trainees who asked if she could "play with" the children and we noted the very positive manner in which she interacted with them.

But this was a new role for her and she was not entirely comfortable in it as yet. The uncertainty she felt was reflected as she privately told trainers she did not want to open a family day care home but would like to work in a child care center. This was the suggestion trainers gave to WIN counselors who placed her in a center for low-income children. It was with great pride that we heard from the director of this center several months later. She had nothing but praise for F. and could not believe that her behavior with children had ever been anything but positive.

In-Service Training

Regardless of the quality of pre-service training, it should never be considered sufficient to attain high quality child care in and of itself. A supervised program such as this has a tremendous opportunity to help caregivers apply basic principles in day-to-day interaction with children and to gain more in-depth knowledge of concepts that was only introduced during pre-service training.

The first type of in-service training that took place for the Infant Satellite Nurseries Project was informal on-the-job modeling and monitoring by central staff. This continued throughout the project in varying amounts according to the individual needs of each caregiver. Certainly the close supervision and superior modeling of positive adult-child interaction by central staff made a significant impact on the progress made by caregivers and children alike.

In the fall of 1972, following the establishment of four on-going nurseries, the first scheduled in-service training took place. The first effort was in the form of "rap" sessions each week for half of the personnel in the morning and the other half in the afternoon of the same day. Since problems had been accumulating for months, most of the emphasis was on operational details and staff relationships at first. Sessions were so packed with problems and suggestions that they were tape-recorded to assist in following through with appropriate action and written procedural guidelines to define policies for the future.

Once the organizational patterns were clarified, the first in-service training in specific content began. A consultant in music and movement was hired to demonstrate with the children in the nurseries in the mornings and work with the caregivers in special sessions in the afternoons, seeing each caregiver on alternate weeks. After six weeks of this effort we had the first evidence of the significance of competency-based training. The caregivers simply were not grasping the concepts nor benefitting from the opportunity for learning because they had little or no background to bring to the experience. The focus of the consultant's assignment was redirected toward writing materials for future use. This was the initial effort toward development of competency levels that eventually emerged throughout the entire training program.

The background the caregivers needed but lacked was repeatedly evident to central staff. Problems encountered were gradually organized into the content for the initial drafts of modules. First, however, they were only rough notes of content to be covered in weekly "rap" sessions. Some of these rap sessions were conducted by central staff on subjects such as culturally based child-rearing practices. Other sessions were conducted by community resource persons such as the Social Worker or Nurse from a related project. Foods and nutrition graduate students from the University of Hawaii assisted in some of the foods training both within the group sessions and in on-site monitoring and assistance during snacks and mealtimes. Gradually the staff came to the conclusion that generally it was best to do their own training rather than ask others to do it who were unfamiliar with the program and people in it. Much of the material developed in this period later emerged as pre-service training modules for the curriculum but then met a need for training already on-the-job personnel.

During the second year of in-service training, the more formal sessions were less frequent. The needs were not so glaringly evident, nor were they so easy to meet. The personnel and "back-up" budget had been cut considerably, making sessions difficult to schedule. One of the most pleasant ways to manage training sessions was to combine them with excursions to the beach or the zoo, conducting training while the children napped nearby. Another solution was to consolidate the homes for nap time as much as room would allow so that the minimum back-up personnel was needed. Then training could take place in one home while children napped in the next room.

Several institute days were also undertaken for more intensive training. These were whole-day sessions with the original intention of closing nurseries so the entire staff could attend. Repercussion from a few parents was so great for the first institute day that the next time one nursery remained open for hardship cases. The effort to accommodate the parents succeeded in making them happy but upset the training schedule tremendously. The first of the institute days was on inter-personal communication and development, and was taught by a hired consultant from a community college. It was exceptionally well received. The second concentrated session was to prepare the staff for their role in supervising the practicum training as the first group of people was about to begin the third training program.

Efforts were made to introduce caregivers to community college courses that would also upgrade their skills. They were given released time to take courses through the use of part-time student help. Some took evening courses in addition. A total of 190 credits were earned by 12 project caregivers in a two-year period, including 83 by two Career Opportunities students. This total includes course credit received for completion of our training package and practicum credit for on-the-job performance.

Several means of evaluation of on-the-job performance were used to provide direction for individualized training and as the basis for increased monetary incentives and promotion on an annual basis. The Interaction Observation Schedule (Attachment II-H) was used by independent observers. In addition, central staff members evaluated each caregiver separately using the Rating Scale for Child Caregivers (Attachment III-E), then discussing all their evaluations together. In the meantime the caregivers used the same form to evaluate themselves. A central staff member and a caregiver discussed the mutual ratings together as a basis for improving caregiver performance and giving merit raises. Few of our employees reached beyond what we have defined as Level Two competencies, primarily due to the fact that our projected in-service training modules at Level Three were never fully implemented due to time and funding limitations. However, the employees receiving pre-service training under the Third Training Program progressed far more rapidly than earlier trainees.

Discussion

Combining the first steps of training with the selection process has proven to be a particularly satisfactory aspect of the program. It gives trainers and trainees a sample of what is in store. However, on-site observation and supervision of caregivers is tremendously complicated in family day care homes. Desperately needed is a center(s) where model care of infants occurs so that the trainees may learn by watching the most skilled under less cramped conditions.

The training curriculum works given the time and the students in a context that has a commitment to pre-service training. In settings where the commitment is lacking the training can be modified. For example, a system could be developed to provide on-site training using rearview slide-tape projectors in the homes to present specific training units on an individual basis followed by on-site personalized demonstration and discussion. The Cooperative Extension Service, using the Expanded Nutrition model (Smith, 1972), would be a logical agency for such dissemination of information and skills. Home start programs under state or private support would be another. A toy and materials mobile library offers a particularly exciting opportunity to service day-care homes while training personnel in a non-threatening manner. An effort is being made to set up such a program locally. The first homes to be served would be those whose operators have had the pre-service training program.

Materials could be used by groups conducting parent education programs. Following the WIN training session, WIN social workers impressed by the impact of the program on their clients, felt it would be desirable to present the complete course to groups of Aid for Dependent Children Mothers on Department of Social Service rolls. On a neighbor island, Public Health personnel in cooperation with Head Start groups are undertaking some parent education programs and are anxious to use some of the curriculum materials. Still another island is interested in radio correspondence courses in cooperation with their community college and the Cooperative Extension Service. Materials from this training program may be used in both instances.

Some possible hazards need to be avoided when using the training materials. Most of the later modules on growth, learning and guidance rely heavily on preceeding units to build gradually a philosophy about children. To use the later modules independently requires a group that is already "in tune" with such a philosophy or they would need another type of orientation in advance or within each module. It is also possible for parent groups to be so bombarded with all sorts of isolated efforts to educate them that they become confused and disinterested.

Both of the above situations existed when the project staff was reluctantly persuaded to "train" a group of Follow Through parents in a "hard-core" urban area outside of our target community. Few parents came to the first session and insufficient "get-acquainted" time was allowed. There was an action-oriented session on how it feels to go through the developmental stages and feelings of babyhood, following a well-selected film on the first year of life. These attempts apparently were not considered relevant to their own current problems with 6, 7 and 8-year-olds. The already small group dwindled and in a post-evaluative session it was decided to discontinue these training efforts. The Follow Through staff determined to re-evaluate their parent-education program, while the Infant Satellite Nurseries staff felt more emphatically that using parts of the training out of context was extremely difficult and would take much additional thought and preparation.

Format, content, method, delivery and evaluation are all vital points in training the child caregiver. When the resulting training program can become a course of study within a community college system, the appropriate self-esteem which accompanies attainment of recognized credentials results. Courses related to caregiving fit well into the new concept of higher education. "College work need not mean higher and higher levels of abstraction: it might well mean higher and higher standards of performance. In any event, our new educational purposes suggest that we begin with the student and help move him toward the development of his abilities" (Cross, 1973). Setting up credit workshops or evening courses for child caregivers in cooperation with the state licensing staff and community colleges is one application of this idea. An evening survey course is underway at one community college at the writing of this report. Cooperation with Red Cross to develop a separate credit and certificate course on physical and emergency care is emerging.

A still more extensive use of the curriculum is to use it as the basis for a total training program for child-care personnel within a community college. It would give students both the background to continue their education or to make immediate entry into the child care field at the para-professional level upon completion of the two-year program. This plan is under consideration by another community college at the present time. Progress is also being made to coordinate child care training and service efforts at all four community colleges on Oahu. An additional possibility is to add parent education for credit as a coinciding qualification for child care services at these community colleges.

Commitment to very young children appears to be lacking in terms of implementing programs which emerge from research and demonstration projects. Chambers (1971) cites specific cases of laws which discourage students from entering careers involving young children. She also states, however, that there are some hopeful signs primarily in terms of training programs for para-professionals. Perhaps the most promising hope at the present time is in the Child And Family Services Act of 1974 which projects a sizeable proportion of the total appropriation to go toward training, planning and technical assistance (Friedman, 1974).

CHAPTER IV

IMPACT OF A FAMILY DAY CARE PROGRAM ON INFANTS

A valid criterion of a day care program that includes selection and training procedure for caregivers is the impact the caregivers make on the developmental rates of the children enrolled. In the Infant Satellite Nurseries (ISN) project this impact was assessed in two ways: (1) by repeated measures of cognitive, psychomotor, social and emotional development of the children and (2) by relating these measures to caregivers' performance especially to the quality of their interactions with children.

Other studies have attempted to evaluate the impact of day care programs on the children involved. Keister (1970) suggested that the most desirable center care for infants was one in which four or five children were consistently assigned to one caregiver. She concluded that this kind of group care was acceptable only if caregiving of a certain quality was provided. Good quality caregiving was described as warm, sensitive, affectionate and individualized. The results of her study indicated slight differences in favor of center children over children cared for in their own homes on all cognitive and social measures. The only statistically significant measures, however, were on the Bayley Mental Development Index (MDI) and the Preschool Attainment Record.

Garber and Heber (1970) provided a structured, center-based infant education program for the children of retarded mothers. These infants made significantly greater progress than the control group. The authors concluded that the education program had prevented the kind of retardation that occurs in children from economically disadvantaged homes in which caregivers may be inadequate in meeting the needs of their young children.

In a Head Start study comparing home day care with center care, Little and Watson (1974) found few differences between the two groups. They concluded that home care was at least as effective as center care in developing IQ, social maturity and school readiness. However, Saunders and Keister, in comparing children in center care to those in day-care homes showed average gains among the center babies on all measures but losses for the home-care babies. The authors pointed out that although the adult-child ratio was comparable for both the center and day-care home groups, much more contact with caregivers, supervision and concern for quality control was present in the center program.

It was this supervision and concern for quality control that seemed most important to the ISN project staff. In two other studies done with mothers and their own children in a home setting Forrester (1971) and Weikart (1970) provided training and support to mothers in their caregiving activities. The infants in both studies reflected positive growth in cognitive areas.

Identification of the components of caregiving which maximize the development of children was a primary objective in the ISN project. White and Watts (1973) in a long-term ecological study, also attempted to determine what was needed to assure the optimal development of the young child. They maintained that the period from 10 to 18 months was crucial in the child's development and the most demanding of the caregiver who had to make far-reaching decisions about child-rearing strategies. They described effective child-rearing as a task not separated from the responsibilities of home and other family demands, nor incompatible with outside interests and employment but rather as a series of attitudes and techniques that foster the exploratory behavior of children, that respond readily to the child's overtures for attention or information and that provide language stimulation and interaction. White suggested that his "successful" parents, those who had well-developing infants, provided a model that all parents and child-care programs should emulate.

While White spoke of techniques and attitudes, the ISN paradigm used the terms skills and understandings. In each case the major goal was competence in caregiving. A basic assumption underlying the ISN project was that this competence of which positive parent-child interaction is an important part, promotes optimal development in the children involved.

Evaluation

Demographic Description

An initial task in the evaluation of the ISN project was to describe the children enrolled in the project, and their needs. Infants between the ages of one month and three years were acceptable for care in the project. During the first year, the families had to meet the Model Cities eligibility requirements. During the second and third year, less attention was paid to the geographic restrictions specified by Model Cities priorities, but the children still came from past, present or potential welfare homes where parents were working or in job training. Toward the end of the funding period, it seemed likely that the nurseries would continue under state Title IVA funds so later applications were selected to meet those priorities which differed primarily in terms of family income ceilings. The children were also required to meet basic health and immunization requirements as specified by State licensing regulations.

Fifty-four children have been enrolled in the program receiving a total of 490 child/months of care, or 8,306 child/days between January 1972 and June 30, 1974. The children were between three months and 32 months of age at the time of admission, with an average age of 18 months. The average duration of enrollment was 9½ months ranging from one month to 26 months. Of the 54 children enrolled, 28 were boys and 26 were girls.

The infants represented most of the ethnic groups found within the Kalihi-Palama area of Honolulu where the nurseries were located. Sixty-three percent of all the children were from ethnically mixed, multicultural families. More specifically, of the 54 children who participated, 37% (or 20 children) were part Hawaiian.[1] The next most numerous groups were Filipino children, 16%, and Caucasian, 13%. Smaller percentages of children were predominantly Japanese, Chinese, Korean, Puerto Rican and Samoan. Thirteen percent were listed as unknown, mixed or not recorded.

English was spoken in all homes although the Filipino and Korean homes were usually bi-lingual. In the majority of the homes the local, non-standard dialect of English known as Pidgin predominated.

About half of the children lived in houses, i.e., single family structures, the rest lived in apartments. All were located in Kalihi-Palama, an older, high-density, high-immigrant, downtown section of Honolulu and a Model Cities target area. The number of persons in each household ranged from two persons, that is, the child enrolled and one parent, to eight people in the household. The average size of the families who had children enrolled was 4.8. Twelve of the children enrolled had only one parent, always the mother, in the household. Twenty-four of the children were the first-born in their families and 13 more were second-born.

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[1] All children with some Hawaiian background are counted in this group regardless of other ethnic influence. This procedure is consistent with state census tabulating methods.

Of the 96 parents living with the children enrolled in the project, sixteen have had some education at the college level. Only one had graduated. Thirty-nine had completed high school and the remainder of 44% had less than a high school education.

The majority of the families served were from lower income or lower-middle income levels characteristic of the young families in the Model Cities area. Those families who had two working parents and who were above poverty levels were required to pay a small fee based on a sliding scale for the day-care service. Thirty-five percent of the parents held clerical or white collar jobs, 29% were skilled laborers and 10% were in human service areas. Of the remaining, 15% were unemployed, 7% were in training programs and 3% listed jobs that fell into an unskilled labor classification.

Test Results

During the project, the cognitive, language, social-emotional and psychomotor development of the children was monitored using appropriate instruments as an indication of the impact of the program on them. An initial attempt was made to identify a control group matched for some of the major demographic variables, but under the financial limitations of the funding, identifying and then testing these children proved unfeasible. Hence an attempt was made to select instruments that had extensive normative data. It was thought necessary to have a measure of general ability or intelligence although it was difficult to find one that could be used over the entire age span of the children enrolled. During the early months of the program, four of the older children were tested using the Stanford-Binet Intelligence Scale because they were already over-age to be tested using an infant scale. These children all had 1969 birthdates and stayed with the program less than a year. The range of their scores was 107 to 123. These data have not been included or combined with other measures used. The Binet as an evaluation instrument was later discontinued as younger children were enrolled. In addition, the Binet appeared to over-emphasize the verbal performance of the child and might have unduly penalized children who came from non-standard English-speaking homes.

As a general measure of cognitive and psychomotor development, the Bayley Scales of Infant Development (BSID) were selected. These are individually administered scales that yield two scores, a Mental Development Index (MDI) and a Psychomotor Development Index (PDI). They are standardized on the basis of a mean scaled score of 100 and a standard deviation of 16 for the normative group. This instrument was administered to the children enrolled shortly after entry and at yearly intervals.

The Receptive-Expressive Emergent Language Scale (REEL) was also used. It was administered to each child shortly after entry into the program, and at six-month intervals thereafter. It measures the receptive and expressive language ability of children from birth to 30 months of age. It is not administered in a rigidly prescribed manner, but is based on observations of the child in a variety of situations by the examiner. In the case of this project, the caregiver served as the informant when needed for the items on the receptive scale.

The composite scores of the children at the time they entered the project reflect the general population. On the BSID, the mean scores on the first testing of all of the children done within a month or so of their enrollment were 96 on the MDI and 90 on the PDI, both within average limits. The range of the MDI scores was 66 to 134, and on the PDI 74 to 130. See Table IV-1 for a summary of these findings.

TABLE IV-1

Frequency Distribution of BSID Scaled Scores
From the First Administration

MDI		PDI	
Scores	N*	Scores	N*
66-85	4	74-85	3
86-115	32	86-115	30
116+	5	116+	8
	41		41

*Four children were given the Stanford-Binet and 9 children were in the program less than two months and had not yet received the BSID when they were withdrawn.

Four children fell below average limits; i.e., below 85 on the MDI. Staff observations corroborated these low scores and the programs for each of the children were revised to enhance stimulation and provide opportunities for remediation. Thirty-two children scored within average limits and five children scored above. All of these scores and those on the PDI are highly consistant with descriptive statistics collected from other groups of low income pre-school children in Hawaii (Crowell and Fargo, 1967; Adkins and Crowell, 1970; Werner, Bierman and French, 1971).

After selection of the BSID as an evaluation instrument, 41 children were tested once, seven children stayed with the project long enough to receive second BSIDs and two children a third. Table IV-2 shows the results of these tests.

TABLE IV-2

BSID Mean Scaled Scores
From Three Administrations

Administration	N	MDI	PDI
1	41	96	90
2	7	114	112
3	2	125	141

On the first administration of the REEL, the mean on the Receptive Language Scale (RL) was 94 with a range of 66 to 122 and the mean on the Expressive Language Scale (EL) of 87 with a range of 50 to 120. Since the REELS were given with greater frequency, more data are available. Three children were in the project long enough to have had five administrations of the REEL.

TABLE IV-3

REEL Mean Scaled Scores
From Five Administrations

Administration	N	RL	EL
1	42	94	87
2	26	96	92
3	16	105	100
4	7	113	112
5	3	127	120

A t-Test for related measures (Bruning and Kintz, 1968) was applied to the first and last BSID and REEL scores for each child to determine whether or not there was a significant difference between these pairs of scores. Using scores from those children who had been tested two or more times on the BSID, the amount of improvement on the MDI during the time those children were enrolled in the program was significant at the .02 level. A positive increase was also noted in the PDI scores although the motor skills measured were thought less likely to be affected by the program of activities in a day-care home. The difference on these scores only reached the .10 level of significance.

TABLE IV-4

BSID Means and t-Tests

Scales	N	Pre-test Means	Post-test Means	t	p
MDI	7	96	119	3.46*	.02
PDI	7	99	120	1.82	.10

The language skills assessed by the REEL were considered by the staff to be highly influenced by a day-care program that emphasized language stimulation and positive interaction between children and caregiver. Steady positive gains were noted in the mean scores of each administration of the REEL. Considering the first and last scores for each child, a t-Test for related measures was applied to these data showing the increase between these pairs of scores to be highly significant, P = .001 on both the Receptive and the Expressive Language Scales (see Table IV-5).

TABLE IV-5

REEL Means and t-Tests

Scales	N	Pre-test Means	Post-test Means	t	p
RL	26	95	111	3.99**	.001
EL	26	85	105	7.26**	.001

On the repeated BSID tests, no child dropped significantly in the MDI and only one on the PDI--all other change scores represented an increase. Reviewing the REEL scores, a few children decreased from the first to the second administration of the tests, but in every case this trend was reversed on later tests. On a few of the older children a plateau or decrease was noticed between the last two administrations; however, in these cases the children were penalized because they were over age for the norms of the test or they had already reached the ceiling and could go no further.

Scales for cognitive, psycho-motor and language development were readily available that had appropriate normative data to accompany them. While these measures were likely to be influenced by the quality of care provided, the staff believed the social and emotional development would be even more profoundly affected. After a review of existing instruments available in the area of social-emotional development for the preschool child, an experimental edition of the Infant Behavior Inventory by Schaefer and Aaronson (1967) was selected. The Inventory was administered shortly after each child's entry and at approximately six-month intervals thereafter.

The Infant Behavior Inventory is an observation schedule with items relating to 23 social and affective factors. Scores on each factor may range from 5 to 20, the higher score indicating a high degree of that particular factor. For the purpose of reducing the number of separate scores, three clusters were made of logical combinations of the separate factors and named: extraversion, social behavior and task-oriented behavior. The combinations were patterned after those used by Schaefer and Aaronson to score their Classroom Behavior Inventory which is a parallel instrument for the next older age group. Each cluster is made up of positive and negative scores. The extraversion cluster is made up of verbal expression plus gregariousness less one-half of the sum of passivity, fatigue, monotonous behavior and self-consciousness. Only one-half of the negative factors were subtracted since there were twice as many negative as positive factors that seemed relevant in this cluster. The social behavior score is made up of contentment plus positive social behavior less one-half of the sum of negative affect, irritability, negativism and belligerence. The task-orientation score is made up of concentration and enthusiasm less distractibility and hyperactivity.

The primary usefulness of the Inventory was to provide a profile on which to base descriptive statements about a child's behavior. Reviewing these periodically gave the central staff some indication of changes in the child's social and emotional behavior and alerted them to potential problems if the scores changed in a negative direction. Only a few specific children showed negative scores and these were corroborated by other observations. The negative behaviors reflected by the Inventory were usually associated with family disorganization, change in caregiver or some other marked change in the child's immediate environment.

Over four administrations, the average scores on all three clusters for all children were positive. A steady upward gain was noted in the scores for the extraversion cluster suggesting increasing confidence in interactions with other children and unrelated adults. The social behavior cluster score remained fairly steady throughout the program. The task-orientation score generally showed an increase. The scores are presented in Table IV-6.

TABLE IV-6

Infant Behavior Inventory Mean Cluster Scores From Four Administrations

Administration	1	2	3	4
Number	33	18	7	2
Extraversion	2	10	13	16
Social Behavior	6	6	9	6
Task Orientation	2	10	9	6

Admittedly, evaluation in this area is most difficult. Observations are often recorded in judgmental terms and combining group data is hazardous. Moreover, the combinations of scores used in this project are unique and there is no basis for comparing them to any other study or normative group. The Inventory does offer promise, however, toward more systematic observation of affective behaviors and warrants further attention.

Caregivers' Interaction Behaviors and Children's Progress

One of the primary objectives of the ISN project was to make the caregiver aware of the quality of her interactions with the children and to improve them continually. Since this was a major concern, a means to record and evaluate the quality of the interactions became a critical issue. After surveying existing instruments designed to record parent-child or teacher-pupil interaction (Bouman, 1971; SRI, 1972; Stern, 1968; Watts, Barnett, Holfar and Apgel, 1972), the Interaction Observations Schedule (IOS) was developed to assess the quality of interaction between caregiver and child (Attachment II-H). The IOS is a time-sample technique that records with whom the caregiver interacts, the nature of the interaction, the content involved, the techniques used, the extent of involvement and presence of verbal and/or motor behavior. Initial observations using the IOS were made by two assistants simultaneously on each of the caregivers employed in the project so that inter-observe reliability could be estimated. Thirty pairs of observations on nine caregivers were made on the three categories where judgments were required. These were activity, levels of involvement, and technique used. The percentage of agreement between observers was computed. The difficulty in this procedure is the possibility of a spuriously high percentage if a category is broken down into a very small number of alternatives so a correction was made using the formula: tau = $\frac{P_o - P_o}{1 - P_o}$ (Sax, 1968, p. 190). The corrected percentages of agreement between the two observers were 68% for activity, 71% for level of involvement and 68% for technique used.

An analysis of the disagreements between the two observers suggested a few specific sources of variance where minor revisions in procedure significantly improved the percentage of agreement. For example, the period of observation originally was 15 seconds followed by 15 seconds of recording time. During a 15-second period, more than one interaction may take place leaving the observer to choose which one should be coded. Several different lengths of intervals were tried and indications were that a 10-second period of observations followed by 20 seconds of recording time would result in a higher frequency of agreement especially when observing a more active caregiver or one engaged in a faster moving activity. This change resulted in an increase in the percentages of agreement to slightly more than 80% for each category.

One alternative under the technique category contributed the largest number of disagreements. That was "directing" which was most frequently confused with "teaching" or "suggesting." Redefining and further specifying those alternatives is still indicated and would probably further increase the reliability. Another source of difference occurred because of mechanical difficulties of hearing and understanding the verbalizations of young children in a small, busy nursery setting. By increasing the number of observations and eliminating the incomplete ones where the observer was uncertain of what was said should increase the number of agreements even further.

Using the revised time-sampling while observing, seven of the caregivers were rated on four sets of behaviors of the technique subscale of the IOS: (1) teaching, directing and conversation; (2) suggesting and helping; (3) encouraging and praising and (4) ignoring and prohibiting. The first three categories were considered positive or desirable behaviors and were scored 1 for the highest incidence and 6 for the lowest counts among those caregivers. The last category was considered negative or undesirable behavior and was scored 1 for the lowest incidence and 6 for the highest. Combining these four scores for each caregiver into a single score made it possible to rank-order the caregivers in terms of these interaction behaviors.

Next the caregivers were ranked according to how well the children in their nurseries progressed in communication and interaction skills. Change scores from the REEL and the three clusters from the Infant Behavior Inventory were considered and the caregivers ranked according to the amount of progress made by the children under each person's care. These four ranks were then combined. This rank ordering was compared to the previous rank ordering based on positive interaction behaviors of the caregivers and a Spearman Rank Order Correlation (rho) was computed.

TABLE IV-b

Rank Order Correlation between Caregivers Interaction Scores and Change Scores of Children in Their Care

Rank Order of Caregiver's Interaction Scores		Rank Order of Caregivers in Terms of the Change Score of Children in Their Care	
Caregiver	Rank	Caregiver	Rank
9	1	9	1
4	2	4	2
3	3	3	3
5	4	2	7
1	5	1	5
6	6	6	6
2	7	5	4

rho = +.68
t = 2.07
p = .05

In spite of the small number of caregivers this preliminary comparison does suggest a significant relationship between the quality of the caregiver's interaction with her children and the progress these children made on specific measures while they were in her care. The correlation coefficient is significant at the .05 level of confidence.

Since repeated measures were collected more frequently on receptive and expressive language (REEL), the growth of individual children in relation to their caregiver can be shown graphically. In Figures IV-1A through IV-2C, the children are lettered and the caregiver responsible for them is identified by a characteristic line shown in the legend under Figure IV-1A. Caregivers identification numbers are consistent with those used in Table IV-6. These data are also discussed in terms of the children's response to the program on pages 87-89, and presented in Tables IV-3, IV-4 and IV-5.

The individual curves for each child show graphically the improved language functioning for the children enrolled. REEL scores are scaled scores with increasing age accounted for; i.e., a constant rate of growth would be reflected by a straight horizontal line. In cases where the initial scores decelerated, the trend was reversed and subsequent gains were recorded. The plateau reached by several children, for example C, D, E, and G, reflected in the last two scores, is an artifact of the instrument used. The test provides norms only through 30 months and these children reached the ceiling, or the final test was administered after they were 30 months of age.

The ISN project showed positive growth in cognitive, language, psychomotor, social and emotional development among the children enrolled in their family day-care homes. The contribution of the staff to that

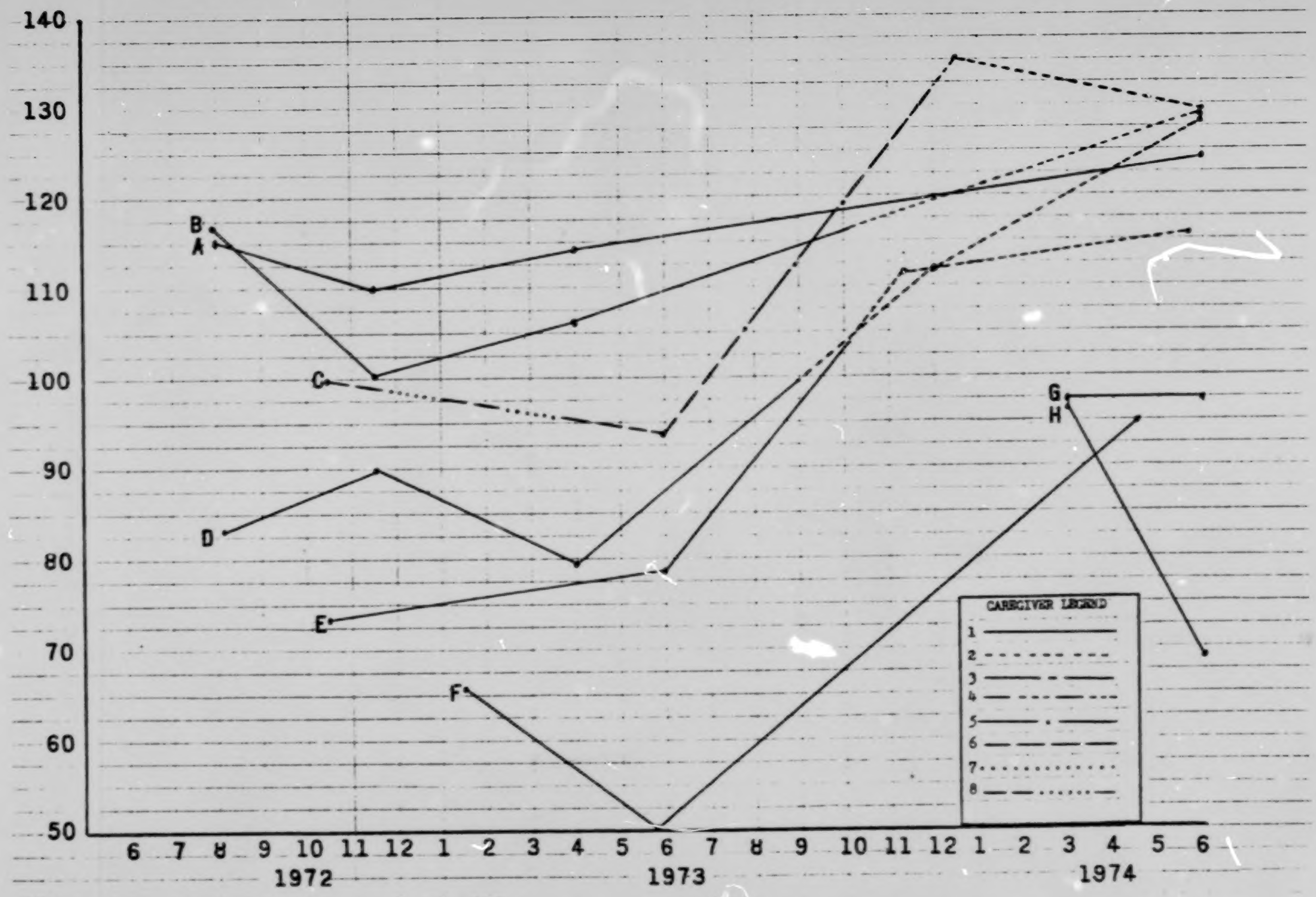

Figure IV.1A REEL receptive language scores for children (A,B,C...) in nurseries of caregivers 1 and 2.

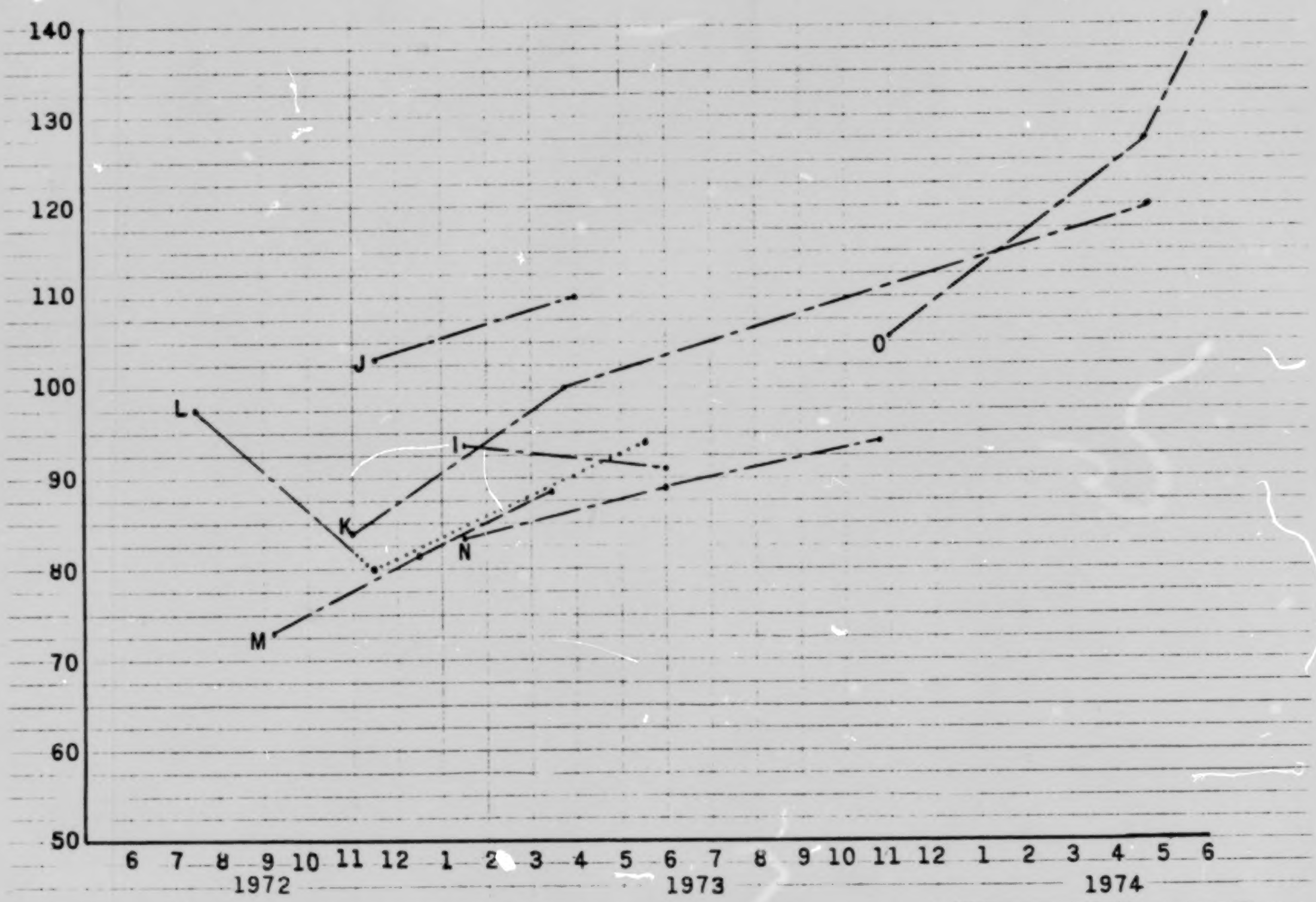

Figure IV.1B REEL receptive language scores for children in nursery of caregiver 3.

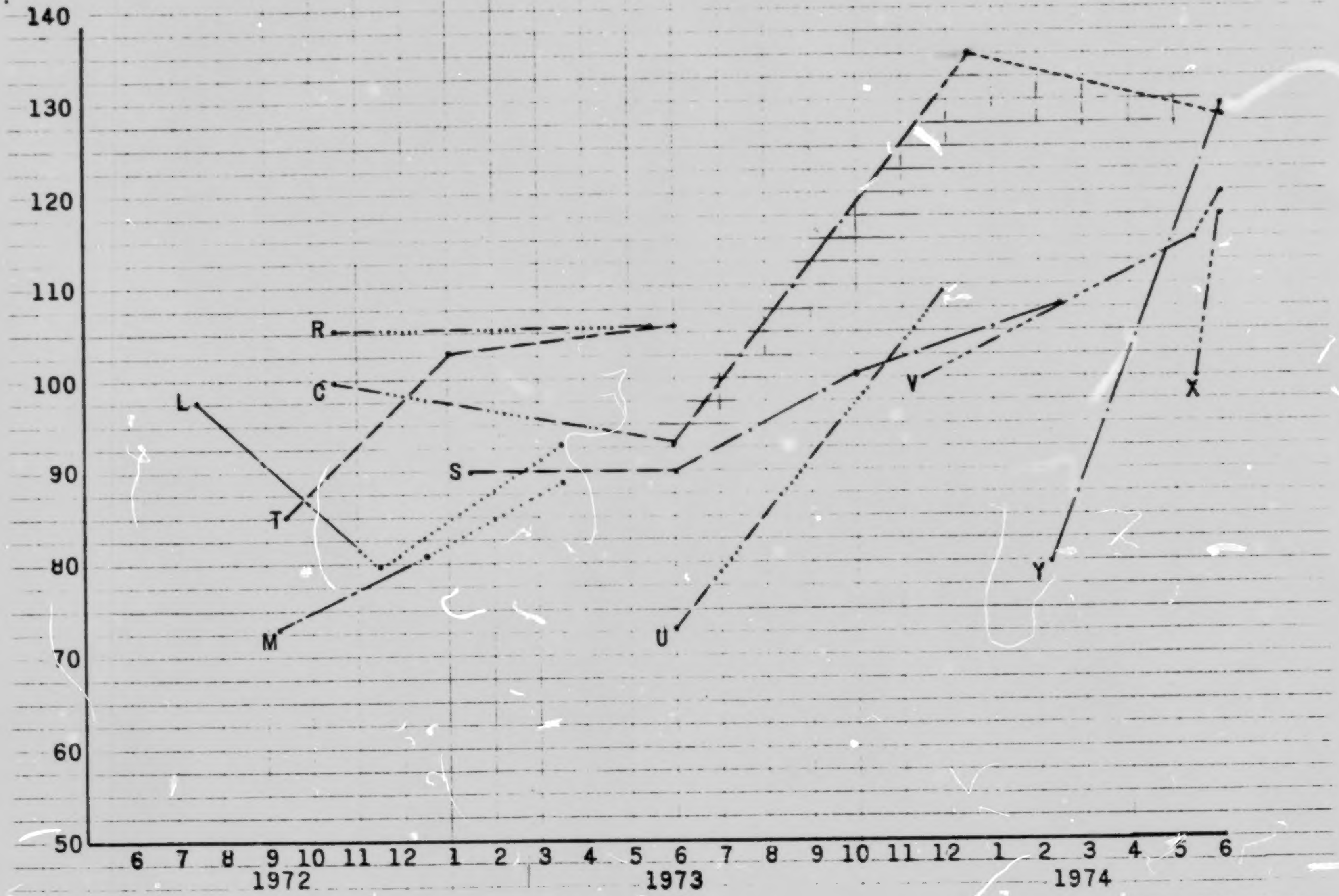

Figure IV.1C REEL receptive language scores for children in nurseries of caregivers 4,5,6,7 and 8.

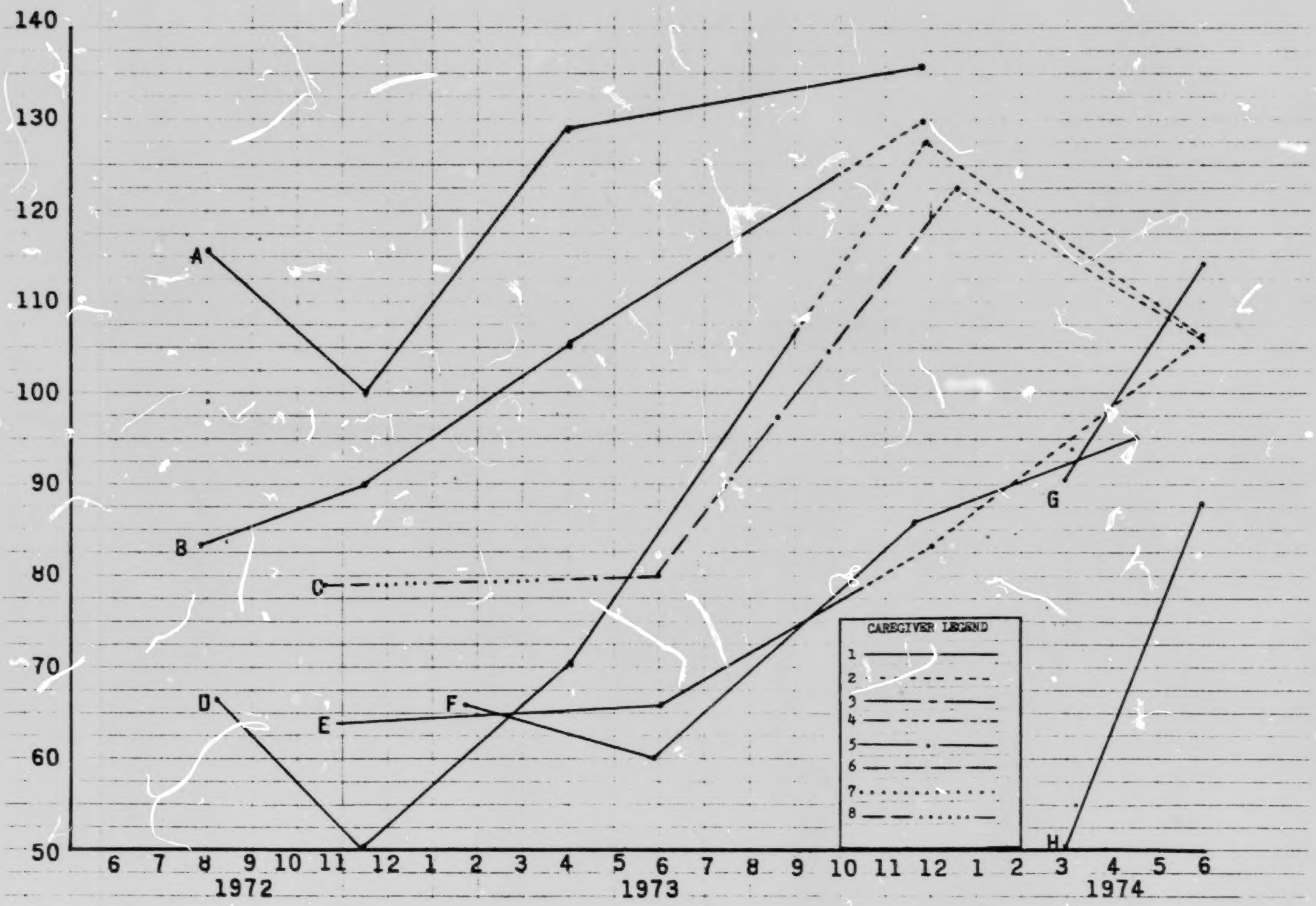

Figure IV.2A REEL expressive language scores for children (A,B,C...) in nurseries of caregivers 1 and 2.

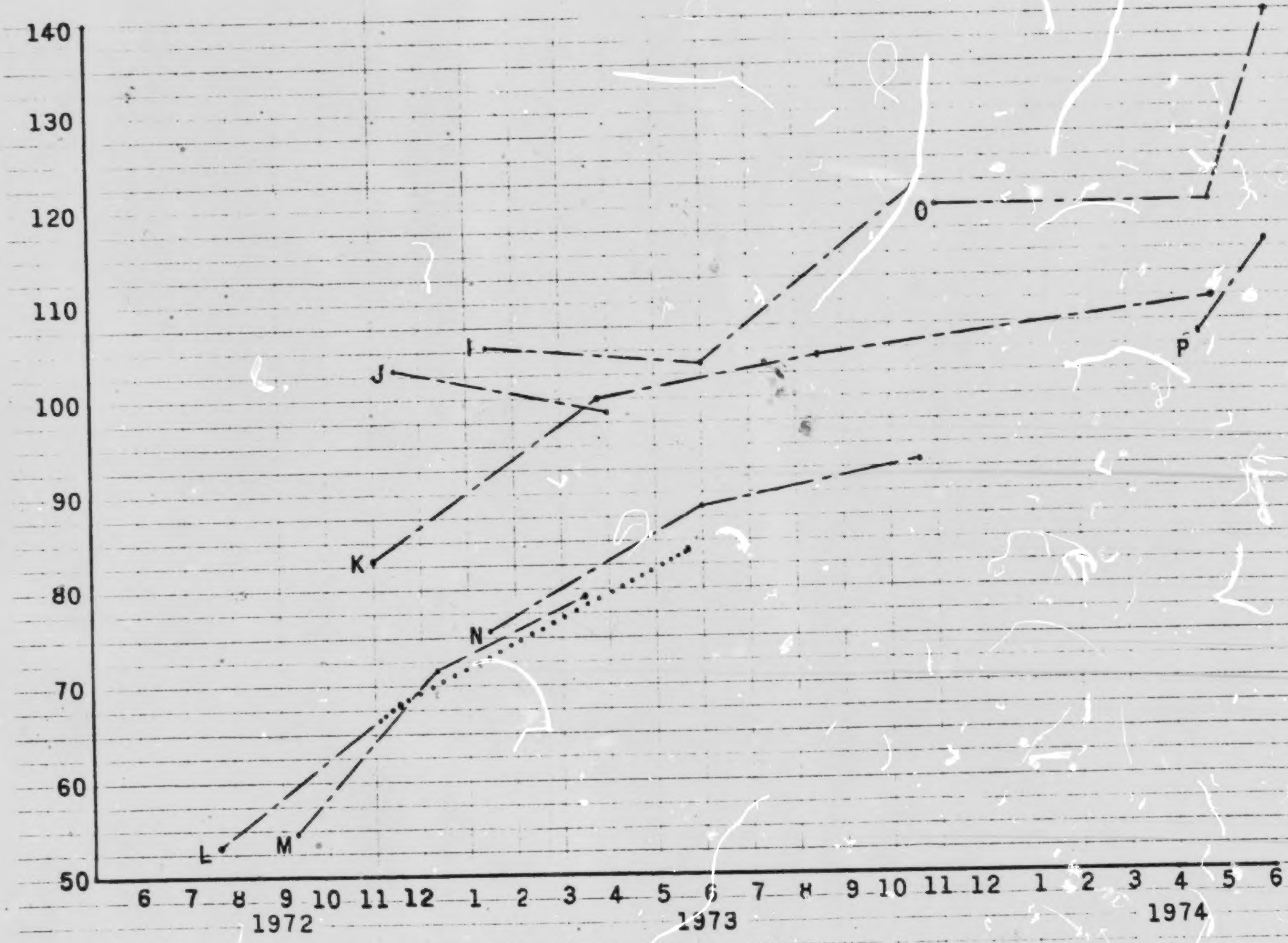

Figure IV.2B REEL expressive language scores for children in nursery of caregiver 3.

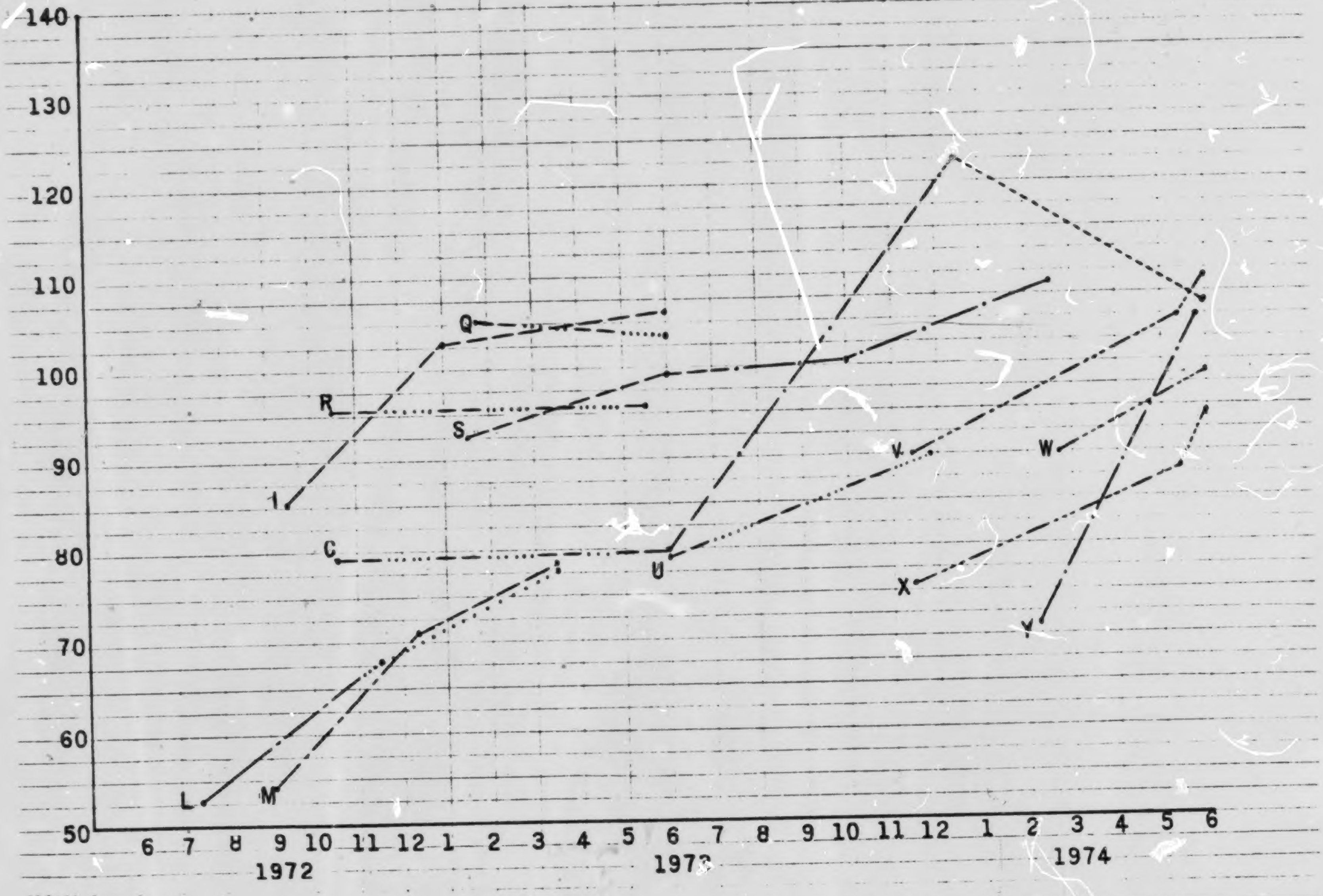

Figure IV.2C REEL expressive language scores for children in nurseries of caregivers 4,5,6,7 and 8.

growth must not be under-estimated. Para-professionals were used effectively in performing the day-to-day caregiving tasks in their own homes nurtured by a central staff who selected, trained and gave supportive services.

Although valid and reliable tests are available to assess the children's performance, it has not been as easy to evaluate directly the caregivers' performance. Attempts have been made using a competency based career ladder, pre- and post-tests for training modules and the Interaction Observation Schedule. But to be truly valid measures, much more work would need to be done, on such evaluative instruments.

Two basic questions were tentatively answered in this study: (1) What are the effects of a supervised family day care program on infants enrolled? and (2) How does caregiver performance developed through training and supervision affect the children? Among the many other questions remaining to be answered are: (1) Is day care for infants as good as care by their own mothers in their own homes? and (2) Is one kind of day care superior to the other; i.e., center care vs. home care? In order to answer these questions, major studies need to be undertaken that are carefully controlled in terms of demographic variables, training and expertise of staff and supervisory and program input for day care projects.

In view of the findings of the ISN project, high quality programs in which infants grow toward their potential socially, emotionally, physically and cognitively can be accomplished in supervised family day care settings. Such a program, however, will not be any less expensive than center care. The authors have emerged with a fairly neutral attitude regarding home care vs. center care for infants. The important variables are not location or physical setting, but rather adult-child ratio, consistency of caregivers, and the quality of the care that is given. Our costs per child have been comparable to those reported by other studies in which attempts were made to provide an enriched program (Lazar, 1971). Costs per child for the service aspects of the ISN project were approximately $200 per month. To reduce costs beyond this would necessarily reduce services.

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JOB DESCRIPTION
PROJECT DIRECTOR

1. Administration:

   1. Coordinate all facets of program
   2. Work with consultants
   3. Work with UH and related administrative offices, etc.
   4. Correspondence
   5. Personnel
   6. Budget
   7. Supervision of field study students

2. Program Development:

   1. Establishment of cluster of nurseries
   2. Recruitment of trainees
   3. Coordination of parent program
   4. Liaison with related agencies such as WIN, DSSH, and committees, boards, etc.

3. Curriculum Development:

   1. Develop refinement and extend training program
   2. Negotiations for community college credit
   3. Coordination of the delivery of training

4. Manuscript Preparation:

   Work with Research Evaluator in preparation of all manuscripts (proposals, journal articles, etc.) emanating from project.

JOB DESCRIPTION
RESEARCH EVALUATOR

1. Assist Project Director in program development.
2. Plan and coordinate appropriate evaluation and research.
3. Train and supervise research assistant in testing and observation of trainees, employees and children enrolled.
4. Supervise reduction and analysis of all data.
5. Provide on-going consultation with project staff.
6. Work with Project Director in the preparation of all proposals and reports.
7. Prepare manuscripts, papers and articles emanating from project.

JOB DESCRIPTION
NURSERIES MANAGER

1. Do all planning, scheduling and recording for all nurseries and nursery personnel.

2. Provide on-site in-service training for nursery personnel.

3. Visit each nursery weekly to perform counseling, modeling of care-giving skills, training services.

4. Supervise the food program, checking menus, monitoring meals, issuing food checks, assessing training needs.

5. Order equipment and supplies through central office for delivery. Make requisitions for new purchases.

6. Make all arrangements for all nurseries excursions once per month.

7. Encourage informal field trips by individual nurseries or several nurseries.

8. Be responsible for opening and closing nurseries as needed.

9. Fill vacancies in nurseries with eligible children.

10. Conduct parent conferences. Make suggestions for parent meetings. Encourage and give support to nursery personnel in their contacts with parents.

11. Assist with training program as necessary.

12. Conduct tours of nurseries.

13. Arrange practicum times in nurseries for trainees.

14. Provide liaison between nurseries and central staff.

JOB DESCRIPTION
TRAINING MANAGER

1. Coordinate all audio-visual equipment and materials. Know how to use and teach others to use all materials.
2. Supervise college student employees in coordinating visuals with written modules.
3. Schedule interviews and orientation with trainees according to selection procedures. Make decisions on probabilities of success as child caregivers.
4. Schedule and supervise practicum for trainees cooperating with the Nursery Manager as well as the Director.
5. Be responsible for presenting or locating suitable community resources for training sessions.
6. Make written critiques of modules after each presentation so improvements can be made.
7. Make certain that each trainee takes all pre- and post-tests, and records are kept.
8. Plan formal two-hour training sessions for regularly employed caregivers at least once a month.
9. Plan institute days for regular staff (one every three months).
10. Work with other community agencies such as WIN, Vocational Rehabilitation, etc., in locating people who can use training program.
11. Follow up with trainees to assist them in locating children for their family day-care homes, toys and equipment for them and provide telephone counseling as needed.
12. Assist in gathering information, materials and questionnaires for final reporting to OCD and NIMH.

JOB DESCRIPTION
SECRETARY

1. Transportation:

   Schedule bus driver's time for excursions and deliveries.

2. Payroll

3. Purchasing:

   Make all purchase orders as per request of staff.

4. Assist Nursery Manager:

   in making telephone contacts with parents,
   in making arrangements with D.S.S.H. in licensing and relicensing procedures,
   in making arrangements for special excursions.

5. Schedule Nursery Visitation.

6. Maintain Master Calendar.

7. Develop and Maintain Filing System.

8. Typing and Duplication.

9. Mail distribution and routing, routine answering of requests for information, telephone answering, attend staff meetings as requested.

10. Develop and maintain project library organization and loan system on all books.

11. Substitute in nurseries as needed.

JOB DESCRIPTION
CAREGIVER: FAMILY DAY CARE HOME

Qualifications:

Approval of head of household.
Approval of landlord.
License from Department of Social Services.
Medical check-up for caregiver.
Negative tuberculin tests for all members of family.
Successful completion of pre-service training.

Duties:

Provide safe and sanitary surroundings; keeping supplies and equipment in good order.

Provide competent physical care of infants and toddlers.

Plan, prepare and serve attractive, well-balanced meals and snacks for children 0-3 years of age.

Recognize and give interim care for childhood illnesses.

Deal with any emergency and give simple first aid.

Manage record-keeping and planning effectively.

Understand and apply basic concepts concerning the growth and development of children including warmth and affection so that each child may develop a positive self-image.

Understand how children learn and provide appropriate activities for them.

Use positive guidance techniques consistently.

Deal with parents cooperatively and effectively.

Cooperate with other staff members and back-up help.

Accept suggestions and share ideas.

Approx. Age: 5-10 months

Activity Card #____

Bait Casting

Reason for activity: Learn to grasp a piece of string
Learn to pull
Learn the connection between the toy and the string (when the toy is attached to the string)

Things needed for the activity: 2 pieces of string
a toy (to attach to the string)

Activity: Sit at a table with the child on your lap.
Put the string across the table and let the child pull one end of it.
After a while, tie the toy to the end of the string.
Let the child pull the toy towards himself.
Then put the ends of two strings in front of the child, one with the toy attached to it and the other one without a toy.
Let the child experiment to see which string will get him the toy.

Other activities: Instead of a piece of string, try the same activity with sticks.

Teach through play: Encourage the child to try pulling--"That's it, pull it some more."
Give the child freedom to try different ways of getting the toy.

Attachment I-C

EVALUATION OF INFANT STIMULATION ACTIVITIES

Student________________________

Date__________________________

Child(ren)____________________________ Ages__________________________

Nursery_______________________________

Curriculum:

Activity:

Objective of Activity:

For what age child was it recommended?

Description of activity:

Materials used:

Provided by curriculum:

Did child(ren) perform as expected?

Did child(ren) enjoy the activity?

How valuable do you think the activity was for the child developmentally?

Did the activity promote a good relationship between you and the child?

Would you repeat it with the same child?

Should parents do it with their own children at this age?

Can it be used successfully with more than one child at a time?

Attachment I-D

ADMISSION FORM - RESEARCH DEMONSTRATION CHILDREN'S CENTERS

Date of entering program ____________ Interviewer: ____________
Date of Interview: ____________
Child's name ____________ Birthdate ____________
last first middle Birth certificate # ____________
Name usually called ____________ Sex ______ Ethnicity ____________
Address ____________ Apt. # ______ Phone ____________

Mother: Name: ____________ Address ____________ Phone ______
last first middle Year of birth ______ Ethnicity ______
Marital status: Married ___ Separated ___ Divorced ___ Widowed ___ Other ______
Occupational training ____________ Occupation ____________
Employer ____________ Address ____________ Phone ______
Full-time ___ Part-time ___ For ___ hours per week. Average monthly inc. $ ____
If not employed, has mother worked since birth of child? Yes ___ No ______

Father: Name ____________ Address ____________ Phone ______
last first middle Year of birth ______ Ethnicity ______
Marital status: Married ___ Separated ___ Divorced ___ Widowed ___ Other ______
Occupational training ____________ Occupation ____________
Employer ____________ Address ____________ Phone ______
Full-time ___ Part-time ___ For ___ hours per week. Average monthly inc. $ ____

Child's major caretaker: Mother ___ Father ___ Other ___ Name: ____________
Address: ____________
Relationship: ____________

Has child been with major caretaker all his life? Yes ___ If not, how long? ___

FAMILY AND HOUSEHOLD

Children in order of birth (including those not living)	Birthdate	Live with this child?	Occupation or School (give grade)	Relationship to parent

Others in Household:

AGENCY CONTACTS

Agency	Worker	Unit or district	Phone
DSSH			
CEP			
WIN			
PHN			
OTHER			

EMERGENCY INFORMATION - RESEARCH DEMONSTRATION CHILDREN'S CENTERS

Child's Name (as known at doctor's office): ______________________________

Name of family doctor: ______________________________ Phone ____________

Address of office or clinic: ______________________________

Name of medical or health plan: ______________________________ Number: ____________

In case of an emergency, parent may be contacted at:

Mother: Work phone: ____________________ Home phone: ____________________

Father: Work phone: ____________________ Home phone: ____________________

Please list two other emergency phone numbers of friends, neighbors and relatives who know this child and who could help care for him in case of an emergency:

Name: ____________________ Phone: ____________ Relationship: ____________

Name: ____________________ Phone: ____________ Relationship: ____________

I hereby give consent in consideration of the enrollment of my child by the Research Demonstration Children's Centers to refer my child at anytime, who may appear ill or injured, to the above physicians when neither of the parents can be reached. If the physician cannot be reached, I give my consent to have my child taken to the Emergency Hospital specified below; or, in an extreme emergency, to the closest source of medical treatment at the discretion of the Director or Person-In-Charge.

I do hereby release, forever, discharge and indemnify the Research Demonstration Children's Centers, their successors and assigns; and all of their officers, agents and employees, from and against any actions and causes of actions; claims and demands, whatsoever, by me which may arise out of the exercise by them of the authority granted by this consent.

City and County Emergency ____________________ Queen's Emergency ____________________

St. Francis ____________ Kaiser Emergency ____________ Children's Hospital ____________

Date ____________________ Signature ______________________________
(Parent or Guardian)

MEDICAL PERMISSION SLIP - RESEARCH DEMONSTRATION CHILDREN'S CENTERS

I give my permission for ______________________ to have
(Name of child)
all necessary medical examinations, psychological evaluations, laboratory tests, immunizations, and treatments as available from the physicians, dentists, other health personnel and project staff of the Research Demonstration Children's Centers. I understand that this and all medical information will be treated as confidential and used only to benefit my child and/or the Research Demonstration Children's Centers.

I do hereby release, forever, discharge and indemnify the Research Demonstration Children's Centers, their successors and assigns; and all of their officers, agents and employees, from and against any actions and causes of actions; claims and demands, whatsoever, by me which may arise out of the exercise by them of the authority granted by this consent.

Date______________________ Signature______________________
(Parent or guardian)

I hereby give permission for release of all medical records and test results on my child, ______________________, to the Research Demonstration Children's Centers.

Date______________________ Signature______________________
(Parent or guardian)

- -

I assume all responsibility for medical and dental care for my child ______________________, following the health requirements of the Research Demonstration Children's Centers.

Date______________________ Signature______________________
(Parent or guardian)

- -

CHILD'S TRANSPORTATION

1. How will child come to school:

   Walk_______ Car_______ Bus_______ Other_______

2. How will child go home:

   Walk_______ Car_______ Bus_______ Other_______

3. What time will he arrive and leave while attending the nursery.

   ____

4. List anyone who might be bringing or calling for your child, including parents. For your child's protection, we will not release your child to anyone other than the persons listed. The person who brings your child to school must sign the child in with his teacher. When the child is called for, he must be signed out by the person he leaves with.

NAME	PHONE	RELATION TO CHILD
a.		
b.		
c.		
d.		

DATE ____________ Signature of Parent or Guardian ____________

5. For children riding the bus:

If my child rides the bus, I will meet the bus to deliver or pick up my child. I hereby relieve the Research Demonstration Children's Centers and its employees of all responsibility for my child/children ______________________ (Name of Child) after he leaves the bus in the evening.

TELEVISION AND NEWS ARTICLE RELEASE

If the occasion should arise, I give permission, without request for money or any valuable consideration, for my child to participate in all television appearances, and for his/her name and photograph to be used in any newspaper or magazine publications promoting the Research Demonstration Children's Centers.

DATE ____________ Signature of Parent or Guardian ____________

FIELD TRIP PERMISSION SLIP

I give permission for my child/children ______________________, to go on all Center outings, provided there is adequate adult supervision. I will not hold the Research Demonstration Children's Centers responsible in case of an unforeseeable accident either at the Center or during an outing, and I do hereby release, forever discharge, and indemnify the Center; its successors and assigns; and all of its officers, agents and employees, from and against any actions and causes of actions; claims and demands, whatsoever, by me which may arise out of the exercise by the Center of the authority granted by this consent. I am ____ or am not ____ available to go along on some special trips to help supervise the children.

DATE ____________ Signature of Parent or Guardian ____________

PARTICIPATION IN RESEARCH RELEASE

I give my permission for ______________________ to take part in
Name of Child
any on-going educational/psychological testing/programming, research or evaluation efforts in the Research Demonstration Children's Centers. I understand that every effort will be made to make these experiences educational and enjoyable for my child; and I agree that all data gathered may be used for such educational and research purposes, and revised publications as the Centers in their discretion may determine from time to time, but the identity of my child in relation to these specific data shall be maintained in strictest confidence and not publicly divulged. I do hereby release, forever discharge, and indemnify the Research Demonstration Children's Centers, their successors and assigns, and all of their officers, agents and employees, from and against any actions and causes of action; claims and demands, whatsoever, by me which may arise out of the exercise by them of this authority granted by this consent.

______________________ ______________________________
DATE Signature of parent or guardian

- -

ACCIDENT RELEASE FORM

I understand that car pool arrangements with other parents for transportation to and from school are the responsibility of those parents involved, not the responsibility of the Research Demonstration Children's Centers. However, I hereby authorize a staff member to use her own car to transport my child in any emergency situation.

I understand that every effort will be made by the Research Demonstration Children's Centers to protect my child. I do hereby release, forever discharge, and indemnify the Research Demonstration Children's Centers, their successors and assigns, and all of their officers, agents and employees, from and against any actions and causes of action; claims and demands, whatsoever, by me which may arise out of authority granted by this consent.

______________________ ______________________________
DATE Signature of parent or guardian

ALL ABOUT MY CHILD

Pregnancy and Birth History

Place of delivery (Name of hospital or home)   Delivered by (Name of Doctor if known)

Previous pregnancies (Before this child)   Baby's Birthweight:
Total number: Miscarriages: Stillbirths: Pounds: Ounces:

Delivery
Normal ☐   Other ☐ (explain)

Illnesses or complications in first month of life: None ☐
Other ☐ (Explain)

Health History

Has child had or does he have:	YES	NO	WHEN?	Explain the items checked "yes"
Measles (Rubeola)--14-day or hard red kind				
Mumps				
Chickenpox				
Rubella (3-day or German Measles)				
Whooping cough				
Seizures, fits, or spells				
Operations				
Any hospitalization				
Exposure to tubercolosis or to persons with a chronic cough				
Frequent bedwetting (after 4 years)				
Asthma, hayfever, hives, reaction or allergy to food, etc.				
Any known chronic disease or handicapping condition				
Other serious illness				
Any medicine he takes regularly				

Developmental History

Compared with brothers and sisters and other children his age, has this child been especially fast or slow in:	FAST	AVERAGE	SLOW	COMMENTS
Walking, running, climbing (sitting, crawling)				
Talking so he can be understood				
Understanding what is said to him				
Working with his hands				
Getting along with children his own age				

Social Development

Has child had or does he have:	YES	NO	WHEN?	COMMENTS
Temper tantrums				
Constant whining or crying				
Fears				
Frequent periods of being fussy, not sitting still or paying attention				

Has child had experience being away from his parents?

What does he do when left by parents?

Does child have several friends his own age?

Are there adults outside the family child likes to be with?

Are there any special things you would like done for your child? How would you like us to do it?

What languages are spoken in the home?

When are you available for Parents' meetings or conferences?

CASE STUDY

Most parents want to feel that the nursery program is responsive to them and their needs; yet, at the same time, many parents have difficulty in expressing and identifying their frustrations, angers or concerns to the appropriate people or in an appropriate way. In one such situation we saw positive changes and development with one family through the involvement of the social worker and the managing nursery staff.

The natural mother was called by the nursery mother because her child had been left at the nursery with a cold and had developed a high fever. The mother wanted the nursery mother to give the baby aspirin which the nursery mother is unable to do without a doctor's prescription. This requirement is a State Law and all parents had been informed during their orientation of this law. The mother was upset at this restriction and was irritated that the nursery mother wanted her to pick up her baby from the nursery to take him to the doctor. She left work early to do so. The next morning she quickly dropped off the baby who still had a low fever and left tempra drops with the nursery mother to give him to help his fever. It was discovered by the nursery mother that the tempra drop prescription was old so she felt she could not give the prescription. She called the mother to tell her about this problem and that the baby's fever was high again and the mother became furious and irate. She immediately called the office and spoke with the social worker. She was angry that the old prescription would not be accepted even though she had seen the doctor the night before. She insisted that the whole problem was the responsibility of the nursery, she demanded that we take her baby to the doctor's office as she felt she could not take time off from work, and she complained that the nursery mother was curt and sharp with her, did not explain completely enough, and told her to call the office.

The social worker was able to respond to her anger, frustration and guilt, promised to clarify the situation and to call her back. After talking with the nursery mother the facts were sorted out, and the problems identified. The situation was immediately alleviated by a call from the nursery mother to the doctor's office to verify the prescription and request a follow-up letter from the doctor. The social worker called the mother back to tell her of the doctor's verification and to help her understand more clearly the reasons for the State Law and to reassure her that all our goals were the same: good care, safety, and health of her child. It was recognized with her that we knew how difficult it was for her to take time off from work but that we just were unable to take the child to the doctor ourselves and that we were unable to care for sick children in the nurseries because of our responsibility and concern for the other children in the home. The mother was able to accept these limits and could understand the reasons for them.

In following contacts with this mother, we continued to be responsive to what the mother was saying, yet also firm in what our limits, responsibilities and expectations were. Phone calls and office visits with the family were followed-up with letters or second visits. The parents' suggestions or criticisms were considered and helped us in evaluating the nursery home and in making changes in the quality and type of care given. These complaints involved the mother's feelings regarding the attitude of the nursery mothers, and the care of the child (such as not following the mother's directions, and not bathing the child or rinsing diapers).

Most importantly, the parents began to trust the staff involved, to relate on a more calm concerned basis in regard to their feelings and anxieties, to accept their own responsibilities and parenting roles, and to learn positive methods of interacting. In the latest crisis, the mother was able to write out her concerns regarding the care of the child, the nursery mother's attitude, and her own parent expectations, present them to the social worker and nursery staff in a joint meeting, and discuss them. (See Letter #1)

The result of this interaction was good communication between all the persons involved; recognition of the parents feelings and of their ability to constructively contribute their ideas to the project, and critical evaluations of the care in this particular nursery. Changes were made and eventually, the mother wrote another letter. (See Letter #2)

Letter #1

April 25, 1973

TO: MARIAN RAUCH, NURSERY DIRECTOR
JOAN SHINNICK, SOCIAL WORKER
AMPARO MATEO, NURSERY CO-MANAGER

FROM: S.Q.

SUBJECT: DISCREPANCIES AT R.A. NURSERY

Just for the records and to clear my conscience, I would like to express the situation that has been going on at R.A. Nursery. It may be of little matter to all of you people or as one would otherwise say "making a mountain out of a molehill", but please hear me out and advise me at your earliest convenience. The following are incidents that I have confronted with which I will try to put down in the best and accurate way to my knowledge, as some have occurred quite a while back:

HASTY DECISION 3-73

Nursery mother: Starting tomorrow you will have to start bringing T at 7 A.M.

Parent: What is the problem? Is it my fault or is it a personal problem?

Nursery mother: The office will call and let you know.

Solution: That same morning, R A called me at work and apologized for getting upset and explains she is conceiving a child and cannot get up early due to her morning sickness and has worked a deal with her helper to come in at 6:30 a.m.

Remarks: Le me know in advance (48 hours) if we are not to bring in a child and not abruptly tell us "do not bring T in the next morning", it is not so easy in such a short time to find another babysitter.

HOSTILE ATTITUDE 4-23-73 in the morning

Nursery mother: What do you want T to eat?

Parent: What is the matter?

Nursery mother: You complained you don't like Filipino food.

Parent:	I don't want T eating Dara! As for Filipino food, he may eat it, he eats it at home...I am the one that does not like Filipino food.
Nursery mother:	T does not like American food, he eats better with Filipino food. Anyway, we no longer cook it for him since you complained to the Main Office.
Remarks:	In this case...misinterpretation. Anyway, the nursery mother is trained to use her good judgment for to make such a statement unless to irritate me...it's not what was said that is upsetting, it's how a person says it!

4-24-73 IN THE MORNING

Nursery mother:	Sometimes early, sometimes late...6:25 or 6:40 a.m.
Remarks:	It should make no difference whether T is there 6:30 or 6:45 a.m. Can I help it if traffic is fast or slow in the morning? Anyway, per Amparo and my conversation about a month back and prior to T's enrollment at an interview, I have been given a one-half hour leeway.

NOT FOLLOWING DIRECTIONS

1. Bathing: At our last parent-staff meeting (Monday) we were shown slides of our children. Through those slides I noticed other nurseries were giving their children baths. I questioned M R about this and the question came to R where she replied "We do it when the parents ask?" In front of all who were present at the meeting I said "I am asking now". So it was understood he was to be given his daily baths at the nursery.

   The following day, (Tuesday) I asked the helper if T was given his bath? "No", she replied.

   (Wednesday) in the morning R asked me, "Do you want me to give T a bath? I was so disgusted that I said "forget it...just give him a bath on Fridays as I have to go bowling those nights." (Boy...does she lack communication!)

2. Listing daily menu:

   Because of medical reasons. I have made a booklet which I had inserted in T's bag daily to have R list his menu. The one helper did a beautiful job, but when she transferred to another nursery, R neglected it. I reminded R, she did it for a week and forgot about it again. (I'm tired of repeating simple instructions that I no longer give the booklet).

3. Rinsing of diapers:

While the helper was there T's soiled morning diaper had been rinsed, wrung out and placed in green plastic bag with borax in it. When she left, I have received unrinsed soiled diapers which have been wrapped in his plastic pants and placed in his bag. It is unsanitary...it smells up the whole bag and other clothing. With all those memos and discussions in our meetings you'd think people would be more careful but I'm sorry to say, some people have things that go in one ear and come out the other.

In conclusion, I find R an irresponsible person (maybe due to her pregnancy) and I can no longer come to work without having her spoil my morning by making uncalled-for remarks. T has a lot going for him in your program and I have nothing against the program...the problem is just a personal one and I hate bringing my child to someone's home when there is no harmony between nursery mother and parent. If possible, I would like T to be transferred to another nursery home, perhaps, a switch among the children?

If the hours are what you are concerned with, please note that as of June 1 or the 30th, I'll be bringing T in at 7:30 a.m. like the rest of the parents. I'll be quitting my job and will be working elsewhere. When the time comes, I'll give you all the pertinent information.

Thank you for your time and I hope to be hearing from you soon for any comments or questions.

Sincerely,

S Q

Letter #2

Dear Mrs. Rauch:

The Infant Satellite Program is a blessing for families like mine that can't afford high price sitters in this day and age, and in appreciation of this program offered to my child, I'd like to express my sincere gratitude and share them in writing with you.

A little over a year ago, T had been accepted. I was extremely happy because 1) it was really cheap...$2.00; and 2) he is the only child and being among other children would be a real thrill for him. Many months have passed and I see he was fond of all his little friends he had made. Unfortunately, I observed some things I was not too happy with and as you recall I wrote a letter and also confronted with the social worker to iron things out for us. A while after T has been placed in another nursery and since then, absolutely no problems...I can't thank you enough; imagine a 17-month old child doing fingerpainting, having waterplay and also learning music? I am quite sure there is no other nursery that takes in babies less than 2 years and share all these wonderful things above I mentioned. If so, I bet I'd pay well over $85 a month...so you see, I'm thankful for giving a measley $38 a month for a program so well organized for babies not old enough to belong to a toddler level for preschool. In general, the program is a success and I encourage staff members, nursery mothers and helpers to continue your beautiful works.

Sincerely,

S Q

Attachment I-F

PARENT CONFERENCE

On June 11, 1973, Mrs. A, A's mother, arrived a little late, explaining transportation complication. She said she did not want to miss this conference which we had initiated. Staff members present were the two paraprofessionals, and the Nursery Manager. Manager led the conference with comments about the high creativity apparent in A. Specific examples were given by all staff members. Once Mrs. A seemed relatively comfortable, we told her that we were somewhat concerned about A's tendency to want to strike out at other children in the nursery. We asked if she noticed this at home and she said that he and his older sister hit at each other a great deal. We asked if there had been any reports from the pre-school the older sister attended concerning hitting, etc. She said no, and we suggested that maybe she was old enough to differentiate between appropriate behavior at home and at school, but that apparently A was not yet able to do this and that perhaps she could help him with this. We also suggested the possibility that he had not been given guidance or stimulation appropriate to his age and needs in the present nursery home. The fact that his former age mate had withdrawn from the nursery was also emphasized and the mother concurred that he had asked about K daily. At this point, we suggested there was an opening in a nursery near to her which we felt would give A the guidance and stimulation he needed, and where the nursery mother was very interested in him. She welcomed the opportunity to transfer, and we called the nursery mother so they could arrange a preliminary conference for the next day. She then stayed to chat until 6:30 when we all suddenly realized the time. It was then we realized that the intermittent horn-honking had come from her family waiting in the car.

The transfer of homes took place within a few days and worked out extremely well until his transfer to the preschool program.

HOME VISIT TO P.B's HOME
by
Nurse

3/14/73 - H.V. at 7:30 p.m. P. was up at time of home visit, and recognized nurse.

P. in Home Setting: child behaves much more normally, and mother's reactions are well within more normal limits. He putters around, investigating objects, climbs up and down, handles objects, is scolded when he touches "no-no's" (reasonable limitations), and generally behaves like an inquisitive toddler. He did not cling to his mother, and she did not hover over him as she has been observed to do when she is at parents' meetings. He says several words, and when time came for his night bottle, set up the couch cushions to suit himself before he snuggled down on the couch for his milk. His diet was discussed with his mother, and it was pointed out that P. is not really that interested in the bottle any more, and that he could very easily be weaned in a short time from it. Also, he eats very well from the table, and there is no need to send any baby food in jars to the nursery. It was suggested that his mother not send any food at all. She was concerned that he might not be getting enough to eat. PHN pointed out that toddlers do not have the large appetite that infants do, and that P's eating habits in that nursery have been observed and seem very normal for his age. Mother then talked about herself, and in doing so, revealed some of the reasons behind her own behavior in relation to. P.

Mother: Spoke about her pregnancy with P. and complications at childbirth. She had not tried any method of contraception since he was born, and is just now pregnant again. Is experiencing great apprehension. Would like another child, but has heard so many "old wives' tales" about children who are born of women who are older and have had similar problems, that S. is worried that 1) P. may be "backward", and 2) any future children will be damaged. Discussed at some length her fears, assured her that while problems do exist, they are not insurmountable, and that with good prenatal care, her chances for a future child who is healthy are quite good. In light of the above, some of her behavior is much more easily understandable. She is also concerned about finances if she cannot work, and this brings more apprehension.

Nurse offered to listen and advise PRN, and if her husband is interested and willing, will discuss with them family planning methods before the new baby is born. The expected baby has given S. an incentive to work toward weaning P. from the bottle and toilet-training well in advance of other arrival, and with help she may be much more approachable in the future. Nurse will discuss plan of approach with the nursery mothers.

UNIT IX: INVOLVING PARENTS

MODULE 1: INVOLVING PARENTS WITH DAY-TO-DAY CONTACT

PURPOSE: To acquaint the caregiver with ways in which she may interact with aprents of the children for whom she cares.

Level 1

Introduction: The more "casual" exchange of information which can take place between caregiver and natural mother, the more secure all will feel in helping the child.

Performance Objectives: Demonstrates courtesy toward and interest in the parents of the children with whom she works. Is able to clarify information given by parent.

Specific Concepts:

1. Prepare your home, family, and yourself before children and parents arrive..
2. Greet the child first when he arrives in the morning. Then greet the parent.
3. Assist in child's change over from natural mother to caregiver.
4. Help the child let his parent go and the parent let the child go.
5. Make a difficult situation a bit less painful for adult and child alike.
6. Restate any information parent gives to you in terms of what you think it means you will do with the child.
7. Prepare the child for the parent's arrival at the end of the day.
8. Get child's things ready for the parent so as not to delay him unnecessarily.
9. Greet the parent with reassurance at the end of the day. Ask them to come in.
10. Tell parent about any accident, however minor.
11. Use phone number of parents posted by the telephone and contact parent(s) when child appears ill. (For procedure to use in case of a serious accident, see Unit III, Module 1).
12. Summary statement: Development of an easygoing, honest relationship between caregiver and parent is primarily up to the caregiver.

Level 2

Introduction: The more "casual" exchange of information which can take place between caregiver and natural mother, the more secure all will feel in helping the child.

Performance Objectives: Interacts and exchanges ideas and information with parents on a day-to-day basis. Observes and shares things that child does with parent.

Specific Concepts:

1. After greeting the child and parent, ask about what has happened since you saw him.
2. Make a difficult separation less painful.
3. Talk with child about his home and family.
4. Encourage parents to share parts of their family life with you.
5. Observe and keep records on each child.
6. Write notes to parents.
7. Use a bulletin board to keep parents up to date on nursery activities, meals, etc.
8. Make certain that "essential" information on eating, sleeping, etc., is conveyed to the parent each day.
9. Parents may not have to know every detail.
10. Help parent understand that what child does is important for him and to you.
11. Help the parents know what they can do with the child at home to extend what he is doing at the nursery and that the reverse is also true.
12. Parents are often very unsure and need encouragement and a time and place to talk with someone about their child.
13. Let parent know you are a person in your own right.
14. Summary statement: The casual approach is really a well-planned one in which interaction and exchange of ideas and information is mutually helpful for all concerned.

UNIT IX: INVOLVING PARENTS

MODULE 2: INITIAL INTERVIEW WITH PARENTS OF NEW CHILD

PURPOSE: To establish the beginnings of a solid foundation of mutual understanding so that both the caregiver and the natural mother knows what to expect of one another in the care of the child and all its related aspects.

Level 2

Introduction: The first contact with parents and child is very important. What you do and say can help to make that all important right start.

Performance Objective: Conducts an initial interview with parents in reasonably relaxed but mutually beneficial manner, conveying all necessary information and allowing parents to ask questions.

Specific Concepts:

1. Arrange an interview with the parent(s) and the new child before the child starts to come regularly.
2. It is important for the parent(s) to know the caregiver is accepting, warm, competent and interested in each child.
3. Show the parent as much as possible about the physical surroundings their child will be in and introduce to any other caregivers who may help.
4. Let the parents know about plans for their child's care and development.
5. Explain what part the parents should take and what extras are available to them.
6. Ask parents for specific information about their child which will help you in caring for him.
7. Explain there will be differences in nurturing style between day caregiver and parents and some compromises may be necessary.
8. Ask parents to fill out necessary forms--admission, emergency, field trip permission, waivers for publicity, and testing.
9. Make certain that parents' questions are answered and that the way is open for further communication. Give them a copy of the parent handbook.
10. Summary Statement: Remember that the beginning needs to be a step in the right direction so that the relationship which develops can be of ultimate benefit for the child involved.

Attachment I-H

PARENT MEETINGS 1973
INFANT SATELLITE NURSERIES

DATE	MEAL	PROGRAM	ATTENDANCE
January 1973	Chinese Food	Entertainment by family of a Nursery Mother's -- Dancing and singing, discussion of communication problems in nurseries.	85%
April	Japanese Food	Growth: Film: Abbeys First Two Years Slides of Nursery Children in Age-graded discussion groups led by nurse, social worker, manager, para-professional.	75%
May	Sandwiches and Salads prepared by central staff	Learning: Slides of children learning through their senses. Home-made toys appropriate for different age groups.	30%
July	Spaghetti dinner prepared by caregivers	Community Problems and Day Care: Model Cities film "Da Kine Sandbox" and discussion	75%
October	None	Changes in program suggestions from N.M. Special presentations by staff in selected nurseries	95%
December	Special luau prepared by nursery mothers and staff	Party: Santa Claus Gifts to children from staff Gifts to parents from children (made in nurseries)	95%

Attachment I-I

April 19, 1973

NURSERY NOTES
from
Infant Satellite Nurseries

Dear Parents:

Since many of you have asked to know more about what happens in the nurseries, we've asked each nursery to give us a brief note on what is going on in their own nursery. Each of the notes has taken a different form as you will see. Nevertheless it gives us a picture of what is happening and an idea of things we can do at home. We'll try to continue these nursery notes on a once-a-month basis.

L's and E's Nursery

Our nursery opens at 7:30 in the morning and A comes in first and K and K a little bit later. We give them breakfast at 8:00.

This morning A, K, and T had spam, scrambled egg, toast and jelly and fruit juice. They ate their food with no trouble. After breakfast we took them out for a walk. K didn't like to ride in the stroller. She preferred to walk. Sometimes she pushed the stroller or ran away from us. On our way we picked some flowers for them to take home. We had to stop, too, to watch the dogs and at the same time called them "bow-wow". When we got home they were so tired, we laid them down to sleep. While they were sleeping we prepared their lunch. When they got up we served them their food.

All of them (T, K, A, and K) are eating table foods. They make no trouble while eating and sleeping. They enjoyed playing with each other. K and T are enlarging their vocabulary. When you say something they will imitate your pronunciation of the words like baby, mama, dog, flower, hello, bye, etc. and when asked to go inside the room to change diapers or told to bring their chairs they will do it. A is also learning to utter words like mama, baby, bow-wow. When lunch is finished for them we sit down and hear music. They love to dance with the music and play with the castanets, the rhythm sticks, and the drums. When they get tired with the music, they play with their other toys. After that we give them their baths and get them ready to be picked up by their parents.

D's and F's Nursery

A new child, S, age two, has just started. H, seven months and M R, almost two years, have been out with the flu, chicken pox and what-have-you for quite a while.

B, seven months, is a fast mover on all fours, is finding table food much preferable to baby food and bottles. He's even found a bottle isn't necessary before going to sleep--he'd just as soon play with the crib gym for a while and then lie down for a snooze!

C, age one-and-a-half, is very helpful--helps carry B's food, gets tissues for anyone who wants to blow their nose, throws rubbish in the trash can. He can get down the stairs all by himself now, can say quite a few words but understands even more. Chasing pigeons at the zoo is a special delight as is imitating the squeals the monkeys make. He knows what his nose is for but doesn't quite understand why plastic leis don't have a smell.

M's Nursery

Hi Ma!

Did I ever tell you about what's going on in Aunty M's nursery? Here comes E R again. He says if I ever stop kissing him he'll fall apart. Yuk! D W is our new friend and he's all Hawaiian. He's shy, ma, but he told me no worry 'cause you wait little bit more longer and I going "sock it to you". You know me, ma, I'm friendly, quiet at times, bouncy and overweight. But if E R thinks I'm all that, then, man, I better hang loose.

Signed,
H, age 1½

J's Nursery

C has made a new friend that's furry and has four legs. That's our cat George! She's a real lion tamer. (2 years)

B our football and basketball athlete keeps in shape by running and riding the tricycle during out-door activities. He's going to be our future sports figure at the University--1990! (2½ yrs.)

C (1½)--He's just been a real chatterbox lately. Just talking in his own language. Guess he's going to be an interpreter.

P (1½)--Just been noticing little green round things in the yard. Yep, it's mango season!

Z (2½)--She's a little lady! Every day she's playing with the doll, Nancy. Watch out, B and V, soon you'll be grandparents!

Everyone can sing and do hand motion to the song "Twinkle, Twinkle Little Star!" Anyone want to hire us to do a show???

L's Nursery

It's 7:15 and here comes C R (1½ years) bright, happy and ready to start a full day doing things, discovering things and getting into things. Well, what do you know, there's K and C coming up the stairs, over our gate and straight to the kitchen for breakfast. S's wondering when she's going to get her syrup on her pancakes. This is the morning when we get to make chocolate chip cookies; where K gets to mix the flour, sugar, to start making cookies; S gets to crack two eggs into the bowl; C is impatient--she wants to stir also, so she gets to stir. C gets to put her finger in the bowl to taste the batter. The cookies are put on the cookie sheet and into the oven. Twenty minutes later it's done. S gets to taste the first cookie without K, C and C knowing. But at the afternoon snack they all get two chocolate chip cookies and milk before they go home.

R's Nursery

J, ten months: She can crawl now, she knows how to play with the other children, too. Sometimes she takes the toys away from the other kids. She can "talk", she likes to see some pictures from the books. She likes to play with the mirror. She laughs and plays with her hands (makes them close, open), she knows how to clap her hands.

A, 2½ years: He plays with the blocks and builds a house, etc. He always shares the toys with the babies. Sometimes if he doesn't like to play with the blocks he asks for a coloring or drawing book. He reads the books and plays with the puzzles.

K, 2½ years: He can talk better now. He plays with blocks with A. He knows how to share toys with the babies. He plays nicely with the babies. He can draw, read the books, and play the puzzles.

T, 1 year: He likes to play by himself in a silent place or a place that the kids can't reach him. He doesn't like somebody to disturb him while he is playing. He plays nicely with the ball, he likes the ball better than anything else. Sometimes he takes the toys away from the other kids. He can play nicely with J. He shares his toys.

September 1973

INFANT SATELLITE NURSERIES

Dear Parents,

It's been a LONG time since we wrote and much has been happening so we thought the time was long overdue to bring you up to date. Here's a quick run-down:

#1 - Vacations are mostly over and we're back to full-staff since September 1st.

#2 - E. has opened her own house and we've done some shifting of children. Within a very short time the enclosed list of children and homes should be correct. Most homes will be run by one person, not a team, but back-up will be available on both planned and emergency basis.

#3 - We have a group of four trainees right now. They are working in the nurseries Monday-Thursday mornings and having "classroom" training in the afternoons. As soon as we're through with training, A. V. will open her home and we'll be able to place a few more of the 30 some children on our waiting list. Other trainees who may open homes independently are: E. L., G. C., and H. R.

#4 - We're in the midst of applying for refunding for next year and getting ideas together for extension beyond that.

#5 - We've re-established weekly Rap Sessions with our staff of nursery mothers each Friday. We talk over problems and "sandwich in" some training.

#6 - The nursery mothers will be talking with you about Parent Meetings to be held in small groups in each nursery during the next month. These will be important, but very informal, get-togethers where you can bring questions and suggestions. The following dates have been set:

L.	Wednesday, October 3, 4:30-5:30 P.M.
L.	Friday, October 5, 4:00-4:30 P.M.
L.	Friday, October 5, 4:00-4:30 P.M.
J.	Monday, October 1, 4:00-4:30 P.M.
E.	Friday, September 28, 4:00-4:30 P.M.

#7 - Our "big push" this fall is to enrich our children's days with art-related activities. R. N. is working as our consultant on this and we're having sessions with nursery mothers and children together October 1 and 10 for L.'s and L.'s nursery and October 3 and 15 for J. and E. L.'s nursery children have already been involved in some activities with R. so won't be involved in these activities although L. will. (We've arranged back-up for L.'s nursery children.)

#8 - M. K. is resigning as director of the Research Demonstration Children's Center, of which Infant Satellite Nurseries is one part. We will continue with our present staff with few changes evident. We bid her Aloha and a huge Mahalo for "dreaming up" this project and getting it underway.

#9 - In addition to our two Career Opportunity students, J. and L., three more will be taking Honolulu Community College classes this fall to help them do a better job with your children. The three are: D., F. and E. We need to give them support as they undertake the extras that help make the job they do for you and your children a superior one! So, don't be surprised to see substitutes in some nurseries Monday or Wednesday or Thursday afternoons.

#10 - Almost forgot! Wedding bells rang for J. G., our Fiscal Officer, in the Philippines a few weeks ago. Congratulations, J!

#11 - Our "project" will be presented by staff members at the annual November conference of the National Association for the Education of Young Children in Seattle this year. This is a big event for us and represents the importance of what we are doing.

So you can see that we've been BUSY. Much has been going on and it doesn't look too much quieter for the next few weeks or months. But feel free to call us if you have problems or questions. We do try to take time for the needs of the moment, too!

Sincerely,

M.
G.
A.

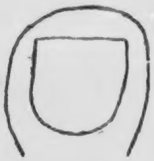
KALIHI-PALAMA INFANT AND CHILD RESEARCH DEMONSTRATION CHILDREN'S CENTERS

HEALTH NEWSLETTER

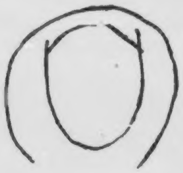
Dear Parents:

Summer is here and we can tell by the increase in the number of badly stubbed toes we are taking care of in my office. It is next to impossible to keep shoes on everyone all the time, even though this would eliminate the stubbed toe problem.

There are some measures all parents can take, however, which will cut down on the damage done to tender little toes. First, keep your child's toenails properly cut. This helps avoid snagging a toenail and possible ripping it off. Cut toenails straight across to avoid ingrown nails, a very painful problem.



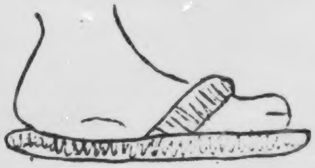
CORRECT



WRONG

Second, if a child should hurt a toe, please keep it covered with a bandage, changed daily, until it heals all up.

Third, be sure that your child wears slippers or shoes that fit. If he wears zori, make sure that his toes don't hang over the edge.



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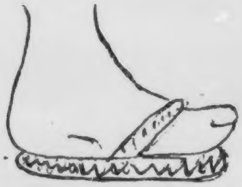

WRONG

If you can, it might be wise to send your child in good-fitting closed-toe shoes while a badly stubbed toe heals up.

Summer is also the time of overheating and cold catching. It is wise to put a light shirt or covering on a child after he's been very active to prevent a chill as he cools off. This can prevent some unwanted sniffles.

We tend to forget about sunburn unless we are very fair skinned but do remember that anyone can become sunburned. It may not show as much on a dark-skinned person, but it is just as painful and can make him just as sick. Protect your child from overexposure to the sun and wind and avoid needless discomfort.

We have been in operation for nine months now, and I know some of the children have had trips to the doctor for shots, skin tests, and other routine tests. Could you please fill out below if your child has recent information to include in his medical record? Please give me approximate dates.

Immunizations

DPT

Polio

Smallpox

Measles

Rubella
(German measles)

Mumps

Tests

Tuberculosis skin test

Blood-test for iron

Urine

Other

Dentist

Eyes

Has he had disease such as Chickenpox? Mumps? Measles?
Other?

Mahalo,

J. W., Nurse

Attachment I-J

April 1, 1974

Sen. Yoshinaga
Hawaii State Capitol
Honolulu, Hawaii 96813

Dear Sen. Yoshinaga,

We are the parents of a child who is enrolled in the Infant Satellite Nursery Program in the Kalihi-Palama area. It has come to our attention that this project will be discontinued soon, unless the State provides $200,000 to which the Federal government will then add $600,000.

Through this program, we have been able to hold a steady job knowing that our son is in safe hands. The licensed caregiver does more than simply meet the physical needs of the child. She gives our son love, attention, encouragement, and other valuable experiences necessary in developing a healthy, happy, and productive individual. If this project ends, it would be impossible to find a reliable babysitter possessing such qualities mentioned earlier at a fee that we could afford. We are proud working citizens of our community and want to remain that way. We know we can, should this bill be passed.

Therefore, we urge you to give your full support to House Bill 2499 and Senate Bill 1672, which are essentially identical. When you consider the small amount that the State is to invest in this program, don't you think it would be well worth it? We're confident that you agree with us and will say yes.

In conclusion, we thank you for your time and attention concerning the above matter.

Sincerely,

Mr. & Mrs. M

ISN QUESTIONNAIRE TO
EVALUATE TRAINING AND SUPPORTIVE SERVICES

Name______________________________ Dates you received training____________

Date______________________________ Period of employment from ______ ______
month year
to ______ ______

(1) Do you have a job now? Yes___ No___ If yes, circle one of the following:

(a) Family day-care home (c) Other human services area, specify_________

(b) Center or school (d) Other, specify____________________________

(2) How valuable was the child care training you received from ISNP?

Very______ Somewhat______ Little______

(3) Do you now, or have you ever had a job in which the training you received from ISN was useful? Yes______ No______ If yes, in what way?
____

(4) If you have children of your own, has the training been useful to you?

Yes______ No______ If yes, in what way?_______________________

(5) Put a + after the units that were most useful.

Put a - after the units that were least useful.

(a) Physical care ____
(b) Emergency ____
(c) Foods ____
(d) How children grow ____
(e) Helping children learn ____
(f) Discipline and guidance ____
(g) Working with parents ____
(h) Managing a day-care home____

(6) If you are operating your own day-care home, in what areas do you need more training?

(a) Physical care ____
(b) Emergency ____
(c) Foods ____
(d) How children grow ____
(e) Helping children learn ____
(f) Discipline and guidance ____
(g) Working with parents ____
(h) Managing a day-care home ____

Any other areas?____

(7) Are you licensed? Yes_____ No_____

(8) If you are operating a family day-care home, do you need supportive services? Yes_____ No_____

If yes, which ones?

(a) Assistance in locating children ____
(b) Health and emergency care ____
(c) Food ____
(d) Counseling to help deal with problems of children enrolled, their parents, or your own role as a family day-care mother.

(9) If you are operating a family day-care home, do you need toys or equipment? Yes_____ No_____

If yes, what do you need?

(a) Small toys ____
(b) Cribs ____
(c) Playpens ____
(d) Books ____
(e) Records ____
(f) High chairs ____
(g) Strollers ____
(h) Wheel toys ____

(10) What state or local agencies have given you assistance in operating your family day-care home?

(a) DSSH Case Workers ____
(b) Public Health Nurses ____
(c) Cooperative Extension Service ____
(d) Expanded Foods and Nutrition Project ____
(e) Licensing Division ____
(f) Mental Health Clinic ____
(g) WIN ____
(h) Other ____

EMPLOYEES AND FORMER EMPLOYEES, PLEASE COMPLETE THE FOLLOWING:

(1) If you are employed or have been employed by ISNP, what supportive services have you appreciated most?

(2) Least?

(3) What aspects of the supervision were not satisfactory?

(4) What recommendations would you make to improve the project?

Attachment II-A

Name:____________________
Date:____________________
Rater:____________________

SCALES FOR RATING APPLICANTS FOR NURSERY MOTHER POSITION

1. Ability to Organize, Plan

    a. Confused, disorganized, disorderly.

    b. Sometimes plans ahead but often does not; not consistent.

    c. Able to handle problems when they happen but does not plan ahead to prevent them.

    d. Tries to prepare for and avoid possible problems; can look ahead.

    e. Plans ahead of time for her program; can do more than one thing at a time if she has to; very well organized.

    Comments:

2. Energy Level

    a. Not interested in her work; no get-up-and-go; has a hard time getting started on anything.

    b. Some days can get moving, other days cannot get started at all; not dependable.

    c. Usually active enough to handle the job; can make it through an 8-hour day without becoming very tired.

    d. Energetic; works steadily throughout the day; shows interest in what children are doing; does not get irritable or impatient.

    e. Very energetic; does more than she has to do; is always planning new things to do with children.

    Comments:

3. Warmth, Interest and Enjoyment of Children

    a. Warm, loving, gives lots of individual attention to each child; seems to like hugging children and having them sit on her lap; talks to children in simple language so they can understand.

3. Warmth, etc. (continued)

   b. Friendly and helpful toward children; interested in what children are doing.

   c. Helpful to children; is not aware of each child having different needs or different likes and dislikes.

   d. More interested in talking to adults (parents and other day-care mothers) than talking to and being with children. Would like children to be very adult-like and not cause trouble.

   e. Sees children as a chore to be taken care of; not interested in how they behave or why they do the things they do; thinks children are a nuisance; does not really care about what happens to them other than their being fed and clothed.

   Comments:

4. Understanding of Day-Care Task

   a. Gives poor care to babies and young children; neglects children.

   b. Gives routine physical care; keeps house safe, but does not let children get into things; not much for children to do.

   c. Gives good physical care and also plans some activities for children to keep them busy.

   d. Gives good physical care but also spends time talking with and doing things with children.

   e. Gives good physical care; provides interesting surroundings; allows child to explore surroundings in safe way so he can learn.

   Comments:

5. Ability to Cope with Immediate Problems

   a. Goes to pieces in an emergency; loses control and does not know what to do.

   b. In an emergency, can do the things that need to be done if told what to do.

   c. Can handle emergencies well on her own if they are simple and involve only one child.

5. Ability to Cope with Immediate Problems (continued)

   d. Can handle emergencies well on her own and can take care of an emergency which involves more than one child.

   e. Able to handle any emergency; able to take care of the most urgent and important problems first.

   Comments:

6. Willingness to Change

   a. Open-minded; will change if someone gives good reason for doing so; eager to learn about new things.

   b. Willing to change if someone really convinces her.

   c. Willing to listen but slow to change.

   d. Listens but always thinks her own way is better.

   e. Close-minded; won't listen to suggestions; cannot understand another person's ideas.

   Comments:

7. Any Other Comments

APPLICATION FOR EMPLOYMENT
AS CHILD CAREGIVER

Mr. ____ Miss ____ Mrs. ____ ______________________________________
(Last Name) (First Name) (Middle Initial)

Address: ______________________ ______________________________________
Number Street Area or City (ie: Kalihi-Palama) Zip Code

Telephone: __________ __________ Social Security No. ____________________
Home Business

Date of Birth: ________________ Place of Birth ____________________
Month Day Year

Ethnic Background (Nationality) ______________________

Marital Status: Single____ Married____ Divorced____ Widowed____

Number of children in the household? _____

Number of adults in household? _____

Date your residence began in Hawaii ____________________

Your Home: Rent____; Own____; Apartment____ Which floor?____

Live with another family?______________________________

Would you be willing to care for other people's children on a full-time basis in your home?________________

Circle Highest School Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12
College - 1 2 3 4

______________________________ ______________________________
Name of School Date Last Attended

List any additional schooling received from business or vocational school, college, University and/or armed forces:

Name of School	Date Left	Graduated	Degree or Cert.

Do you know how to type?__________ Approximately how many words per minute?________________

Do you have an Occupational License (Practical Nurse, R.N., etc.)?__________

Are you or have you been in any kind of Manpower or other Training Program?_____

What specific training did you receive?___________ Did you complete it?_______

Have you had any courses or training in high school or from another source that dealt with infant or child care?

_____No

_____Yes **Course** **Title** **School**

Have you had any experiences that dealt with child care (include part-time work, babysitting, volunteer work, as well as full-time work experience).

_____No

_____Yes (Explain what specific experiences)

EMPLOYMENT INFORMATION: Begin with your present or most recent employment. Include Military service.

Employer______________________________ Your Title____________________
Address______________________________ Duties________________________
City State
____
From__________To______________ ________________________
Rate of Pay______________________ Reason for Leaving______________

Employer______________________________ Your Title____________________
Address______________________________ Duties________________________
City State
____
From__________To______________ ________________________
Rate of Pay______________________ Reason for Leaving______________

Employer______________________________ Your Title____________________
Address______________________________ Duties________________________
City State
____
From__________To______________ ________________________
Rate of Pay______________________ Reason for leaving______________

(If more space is required fill out a blank sheet as above and attach.)

References:

1. A friend or neighbor

   Name____________________________

   Address____________________________ Phone__________________

2. Community leader (social worker, priest or minister, teacher, etc.)

   Name____________________________

   Address____________________________ Phone__________________

3. Immediate supervisor in a job situation

   Name____________________________

   Address____________________________ Phone__________________

Why do you want a position caring for children?

IMPORTANT: Notify this office of any change of address or telephone number so that we can reach you easily.

CERTIFICATE OF APPLICANT

I HEREBY CERTIFY that all statements made on or in connection with this application are true and correct to the best of my knowledge.

Date________________________ ____________________________________

Signature of Applicant

Attachment II-C

Revised January 1974

A DAY IN THE INFANT SATELLITE NURSERIES
(A Script to Accompany Slides for Lay Audiences Only)

SLIDE 1: "Good morning, Carmel," says Lani, one of the 8 caregivers with the 5 Infant Satellite Nurseries in Kalihi-Palama. Twenty-four children stay in these federally funded nurseries while their parent or parents work and/or go to school in their efforts to pull themselves out of the poverty bracket.

SLIDE 2: Shortly after the children arrive it's breakfast time. Here, although it's Kristi's turn at the feeding table, Timothy thinks he'll try for a second.

SLIDE 3: After breakfast it's time for an outing. Alex can't wait as he heads for the out-of-doors. But his care-giver is way ahead of him; the door is carefully hooked as well as securely covered with strips of wood to protect both the children and the screen.

SLIDE 4: Sometimes the outing is in the yard with trikes and wagons.

SLIDE 5: Or a kitty to pet. . .

SLIDE 6: Or it might be on an apartment lanai pretending you're a baby once more in a doll carriage. But wait--the "baby" may be wanting to be bigger in a moment--see, the football is handy just in case some big boys are around the corner.

SLIDE 7: Or maybe it's a walk around the block in a stroller or between two nice University Field Study students.

SLIDE 8: Or perhaps the walk takes you to a nearby mini-park. Here, the ladder to the big kids' slide looks like a challenge for almost 3-year-old Shon.

SLIDE 9: "Hey, if Shon can do it," says 1½-year-old Clancy, "so can I!"

SLIDE 10: Or better yet, those care-givers just might take you to the beach on the city bus. Sometimes all the nurseries go on a big excursion in the van which belongs to the Research Demonstration Children's Center. Those excursions include places like the aquarium, the zoo, Ala Moana Shopping Center, or the Festival of the Trees at Christmas time.

SLIDE 11: Whatever it is, it's a big, wide, wonderful world for the lucky children in the Infant Satellite Nurseries.

SLIDE 12: But now it's lunch time already. Nursery mothers in each home plan and prepare breakfast, lunch and two snacks for the three to five children in their care. They are given a food budget to work within and training in planning and preparing nutritious meals. Menus often reflect ethnic backgrounds of children and mothers and are always checked in advance to be certain they include proper amounts of protein, milk and dairy products, fruits and vegetables and cereal products.

SLIDE 13: Heather thinks mealtime is a jolly business but Erik approaches it in his usual droll fashion. The low table folds easily for storage when not in use and is just one of the items furnished by the project to make child care more pleasant for children and care-givers alike.

SLIDE 14: After mealtime, it's time to clean up and Keone has just thrown away his paper plate and put the lid back on the garbage pail.

SLIDE 15: Now it's story time and we're lucky enough to have a friendly visitor's lap to sit on and knee to lean against.

SLIDE 16: Heather is not so sure she's sleepy but she'll probably sleep tight with her precious dolly nearby her rest mat on the floor.

SLIDE 17: Keone finds a big bed a most relaxing place to be after a busy morning.

SLIDE 18: Alex says he's had enough of this sleeping business and plays with his crib gym until someone comes to get him.

SLIDE 19: Most usually after a nap it's time for a fresh diaper. But it's more than business for Dianne and Terrence who find it a pleasant time to communicate with one another.

SLIDE 20: Bath time comes for some children before naptime and for others after naps. But whenever or wherever--in bathtub, sink, or small plastic tub in the shower stall, water is one of the neatest things to play with--cleanliness is secondary in-so-far as Erik is concerned.

SLIDE 21: And after, a gentle rub down. . .

SLIDE 22: And clean clothes. . .

SLIDE 23: It might be music time. Erik finds the hole in the record a dandy place for a finger but he loves the music, too, and is very much aware and responsive when the record is playing.

SLIDE 24: And Keone likes music, too, but says he'll make his own, thank you. . . who needs records anyway?

SLIDE 25: Heather finds being in the toy box much more delightful and expedient than being on the outside looking in.

SLIDE 26: Then again, Timothy finds the kitchen cupboards an even more exciting place to explore. Fortunately his caregiver has stocked one cupboard with things children can play with safely.

SLIDE 27: Kristi is trying to see what makes that jack-in-the-box pop up.

SLIDE 28: Erik and Douglas find puzzles an absorbing challenge.

SLIDE 29: But Keone and Adam find an indoor slide the thing to work off their boundless 2-year-old energy.

SLIDE 30: My, it looks like Blake had a disappointment--or was it a tumble--never mind, Clancy will wipe away the tears.

SLIDE 31: Craig finds a rocking horse is the thing he wants. Notice the hollow blocks used as toy shelves in the background. But they can also double as building materials.

SLIDE 32: Aha, what's this? The custodian arrived to fix a wagon and bless-his-heart doesn't mind inquisitive Terrence fingering all those lovely screws.

SLIDE 33: A very important part of our program is the research. Here, one of the testers is working with Joyce while her mother looks on.

SLIDE 34: Behind the scenes much learning takes place. Here at the main office, Amparo, nursery manager, discusses menu planning with Janice, a caregiver. The nursery manager is also responsible for supervising the nurseries and filling vacancies as they occur. There is very little turnover except as the children are three. Over thirty children, mostly babies under one year are on the waiting list. Amparo also helps in determining what fees should be paid by the parents, which depend upon their income and financial responsibilities.

SLIDE 35: Training has become a major part of our program. Our own care-givers receive regular on-the-job training after they complete a pre-service course. The pre-service training program which we have developed is being used throughout our community. Groups which have been involved include: Vocational Rehabilitation, WIN, Community Colleges and Community Agencies.

SLIDE 36: Here Clancy's mother stops to pick him up after her work day and stays a moment to chat with Delores, a care-giver, who holds Blake on her lap. Care-givers try to keep the lines of communication open with natural mothers so the child's life is as nearly unified as it can be when both dad and mom work and he spends his days with other caring people.

Attachment II-D

INTERVIEW GUIDELINES

1. If you were placing your child in a day-care home while you worked, what kind of care would you want for him/her? What would you expect from the home?

2. How does your family feel about having other children in their home?

3. Are you renting? If so, how would your landlord feel about your use of his home to care for other people's children?

4. What would you like to learn before you start caring for other people's children?

5. What kinds of things would you do with 3-5 children in your care, each of whom is under 3 years?

6. This job takes lots of physical stamina. How do you rate your physical condition? Do you have any chronic physical problems? How about the rest of your family? How many times do you visit a doctor in an average month?

7. How would you handle a child who. . .

    Bites?
    Throws tantrums?
    Hits?
    Whines a lot?

8. How do you feel about parents who go to work leaving their children in the care of someone else?

9. Describe a situation where you have had to do two or more things all at the same time. How did you manage? How did you feel?

10. Tell us about a humorous situation with your own children.

11. If night meetings or classes were offered in areas related to your job, would you be willing to participate?

12. Your family is used to eating around 5:30 p.m. every afternoon; for three days now the same child has been picked up late. How would you try and solve this problem?

    If applicant has difficulty, suggest following alternatives:

    Would you talk to the parents?
    What kind of arrangement would you suggest?
    Would you go ahead and feed the child dinner with your family?
    Would this upset your family?

****

Explain purpose of interview and orientation.
Describe orientation week.
Four-five weeks of training to follow--two days in nurseries, two days of training each week.

UNIT I: HOW IT FEELS... MODULE I: TO BE A CHILD CAREGIVER AND SHARE THE NURTURING TASK LEVEL I (only)

Introductory Statement: Child care is an important profession which requires an integration of basic skills and knowledge which can be gained through training and experience.

SPECIFIC CONCEPTS	VISUALS		SCRIPT
Infants and toddlers, as very important people, deserve the best in care from both their day-time substitute and their natural parents.	Slide #1:	J and M with group of happy kids.	There's nothing more important than children.
	Slide #2:	L smiling while working with children.	And no people more important than those who care for them.
	Slide #3:	J receiving child from parent at door, all smiling.	And no job more special than sharing the child-rearing task with parents who need to share it.
	Slide #4:	E drawing on ground.	We know lots more about how very young children grow than we used to. We know that infants know nothing about themselves and their world at birth, and that they have to learn a great deal in just a few years. Good child care, whoever is providing it, means making things happen for children so that they can grow and learn best.
	Slide #5:	Mrs. Q and L talking.	Parents and caregivers need to communicate their feelings about their child. They both need to be aware of different aspects of the child's growth to best help and guide him in development patterns.
	Slide #6:	S at work thinking about Carmel in good hands.	Good day care adds to the lives of children and their parents--helping children grow while parents work to keep the family going--giving parents a model for child rearing that helps them grow, too.
	Slide #7:	Training Session.	Information and skill in using that information makes the difference in good care for children. So there are some important things to be sure

SPECIFIC CONCEPTS	VISUALS	SCRIPT
		you know before you start. We'll show you what you should be able to do before taking responsibility for someone else's child. You can see how much of it you already can do and how much you need to learn. Then decide if this job is for you. There are Ten Units to our child-care training program. . . we'll take a quick look at each of these.
1. Orientation Week gives a chance to find out How it Feels to be a Nursery Mother.	Slide #8: L sitting with C and relating responsibilities of DCM.	First, it's important to recognize what the over-all task is and how it may feel to be a nursery mother or child caregiver. This first week of orientation is designed to do this for you. Your tour, observation and participation in the nurseries are all essential. Then you'll have the chance to tell us whether you want to go ahead and we'll be able to tell you if we think it is wise for you to do so.
2. Basic aspects of Physical Care of children are essential.	Slide #9: Title Slide: Physical Care. Slide #10: F diapering.	Second, it's important to know that the way we handle everyday things like feeding, napping, changing diapers, dressing, bathing makes a difference. . . because little ones need big people who know how to make them comfortable and contented.
3. Care of Children in Emergencies and Sickness is another aspect of day-care mother's job.	Slide #11: Title Slide Slide #12: M wiping H's nose. Slide #13: C's head check.	Third, the way we care for children following the accidents which happen in spite of our safety precautions, the way we recognize and know what to do for a child who is sick, the way we prevent further spread of illnesses. . . these are vital parts of our child-care task. It is not enough to treat the child--how it is done makes the difference.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
4. Providing Food for Children is an important part of their care.	Slide #14: Title Slide	Fourth, the food we provide and the way we provide it makes a difference. . . *The importance of cleanliness and sanitation in preparation of meals and clean-up afterwards. *Groups of food which are important to eat each day.
	Slide #15: Child looking at avocado.	*The most efficient ways of planning menus and shopping for food.
	Slide #16: Mealtime	*The difference between pleasant and unpleasant eating times.
5. Observing and Testing are important tools to understanding children.	Slide #17: Title Slide Slide #18: J writing notes, child playing nearby.	Fifth, the ways we learn to look at and listen to children helps us to deal with them most effectively. You will learn how to use simple check lists to observe children and better understand them. Later there will be opportunities to learn how to write your own observations.
6. An understanding of How Children Grow is basic to good care of children.	Slide #19: Title Slide	Sixth, from the very beginning the child grows in so many ways and what we know about all those ways makes a difference. . . Good caregivers need to know: *That there is an order to how babies grow and that some things we do help that growth happen and some things we do slow it down and how to tell the difference.
	Slide #20: Child being held.	*That, even though the order of growth is the same, one child can be very different from another.
	Slide #21: Child being measured.	*That growth is happening every day in babies' bodies, their thinking and knowing, their language, their play, their feelings about themselves and other people.
	Slide #22: Birthday party.	*That all children have some needs in common.

SPECIFIC CONCEPTS		VISUALS	SCRIPT
7. Helping Children Learn is basic to good child care.	Slide #23: Slide #24: Slide #25: Slide #26:	Title Slide D & M studying something on ground. D & B playing peek-a-boo. Imitation game.	Seventh, children are learning something every day of their lives, from every experience both good and bad. The good day caregiver knows that the more children see, do, know, hear, try, say and feel. . . the more they get out of life. So a good day caregiver needs to know. . . *What kinds of experiences are valuable for children. *How she can enrich the hours in each day with appropriate toys and experiences for the age and state of development of each child. *How she can interact with the children to maximize their learning opportunities.
8. Guiding Children's Behavior in appropriate ways.	Slide #27: Slide #28: Slide #29: Slide #30:	Title Slide J holding B who is unhappy. Child climbing fence. D helping K wash hands.	Eighth, the way we handle everyday behavior like toddlers eating, sleeping, toileting, solving problems, makes a difference. One and two-year olds need to feel they can do many things and they need thousands of chances to practice before they get good at things. So good day caregivers need to know. . . *That children need those chances over and over, protected from hurt, from tension and from shame. *That children need to know what they can do as well as what they can't. *That children need an adult who says--I know you need to learn all this from scratch. I'll help you until you can do it on your own.
9. The natural parents must be positively involved in what you do with their children.	Slide #31: Slide #32: Slide #33:	Title Slide Mr. A holding child & reading note. Mrs. Q holding T, talking to F.	Ninth and very important, the way we involve the parents makes difference. . . because parents need to know we respect their ways and want to keep the baby's two worlds in tune. . . that we know everyone has different ideas and we'll try to work things out together. . . that we'll always remember he is THEIR child.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
10. Managing A Day Care Home involves effective use of resources, record keeping and planning.	Slide #34: Title Slide Slide #35: Caregiver talking with aide.	Tenth, you will find that child care need not be a lonely job. There are resources for you within the community and from our office. A good day caregiver will know: *How to work effectively with part-time helpers. *Agency and community resources. *How to keep records. *How to plan a day.
11. Training and experience is necessary to fill in this outline of the child care task.	Slide #36: Group of happy children and adult.	There is a lot more we can learn about children and how they grow. What we are talking about here is what you need to know to begin as a day caregiver. You know much of this already. You'll learn the rest by working in several day care homes and having presentations and discussions with staff over a period of about one month. Then one of our staff will help you set up your home with loaned toys and equipment and place children in it. After that, staff will visit when needed and there may be opportunities for you to get together to share experiences and talk about problems.
12. The decision as to whether or not this is the job for you can be made in the next few days.	Slide #37 (Optional): Prospective trainee surrounded by ?'s.	Now that you know what the job is, you can ask yourself: 1. Will I want to use our home and my energy in this way? Will my family? 2. Do I want to arrange my house and yard so that very young children can be safe, happy and interested there? 3. Do I want to take what I know, add to it what is new and keep growing on the job? If this is the right job for you, the answer to all three of those questions should be "yes". This week of orientation is the time for you to decide.

Attachment II-F

THINKING ABOUT BEING A CHILD CAREGIVER?

The child in day care grows better when the caregiver knows her job. Mothers only need to know about their own children. Child caregivers need to know about all children--because they won't know each child from the beginning.

Here are some of the things child caregivers learn in training. Help us work out good training plans for you. Let us know how much training you think you need. (It doesn't matter how much you need. You can learn it if you want to). In part, this week is to help you decide if you really want this job).

The things child caregivers learn:	The training I will need:		
	Little	Some	Much
1. To plan and serve good, healthy food.			
2. To keep the house and yard safe, orderly and planned for children.			
3. To handle illness and accidents properly and quickly.			
4. To work closely with parents.			
5. To plan days that give good balance of activity and rest.			
6. To learn how children are growing and what they need from watching them.			
7. To help each child each day feel wanted, special, important.			
8. To help each child grow each day in what he can see, do, think, know, try, say, feel.			
9. To help each child grow each day in how he lives with others.			
10. To work well with the other adults in the program.			
11. To keep simple records of what happens every day.			
12. To ask for help when needed.			

Attachment II-G

IMPRESSIONS OF APPLICANT INTERACTION STYLE*

Friendly	5	4	3	2	1	0	1	2	3	4	5	Unfriendly
Warm	5	4	3	2	1	0	1	2	3	4	5	Cold
Sensitive	5	4	3	2	1	0	1	2	3	4	5	Insensitive
Intimate	5	4	3	2	1	0	1	2	3	4	5	Detached
Energetic	5	4	3	2	1	0	1	2	3	4	5	Lethargic
Active	5	4	3	2	1	0	1	2	3	4	5	Passive
Relaxed	5	4	3	2	1	0	1	2	3	4	5	Tense
Planful	5	4	3	2	1	0	1	2	3	4	5	Disorganized
Enabling	5	4	3	2	1	0	1	2	3	4	5	Controlling
Interested in job	5	4	3	2	1	0	1	2	3	4	5	Disinterested

Applicant______________________________

Date______________________________

Day of selection week: 1 2 3 4 5

Evaluator______________________________

Note: Remember, we do not know the extent to which good training (increased knowledge, experience and competence) affect such factors as arbitrary authority, harsh discipline, etc. What we are after here are the personality traits and characteristics that would make the applicant most available to that training. See if you can separate specific strategies or techniques a person might use with children from underlying attitudes person brings to caregiving role.

INTERACTION OBSERVATION SCHEDULE TO RECORD THE QUALITY OF INTERACTIONS BETWEEN CAREGIVERS AND CHILDREN

Experimental Edition developed for the Infant Satellite Nurseries Project

Doris C. Crowell and Hannah Herman

INSTRUCTIONS FOR ADMINISTERING THE INTERACTION OBSERVATION SCHEDULE

The purpose of this observation schedule is to record systematically the nature and quality of interactions in day care homes or similar settings between the adult workers and the children receiving care. The focus of this procedure is on the behavior of the adult.

The time-sampling method to be followed will consist of 15-second units. Each 15-second observation period will be followed by a 15-second recording period. During the first 15 seconds of a minute (0" 0 15") the adult of interest is observed; during the next 15 seconds (16" - 30") the observer codes the behavior. The sequence is then repeated so that within each minute there are two observation periods and two recording periods. A schedule of fifteen minutes of observation, broken into three five-minute periods, spaced throughout a morning in order to watch the day care worker at a variety of tasks constitutes a single record.

For each 15-second unit the observer codes the adult's behavior along six dimensions. In order to complete the coding the observer has to ask the following questions:

1. Was the adult involved in an interaction sequence? (INTERACTION)
2. If yes, with whom was the adult interacting. (IDENTIFICATION)
3. What activity was the adult engaged in or prompting? (ACTIVITY)
4. How involved was the adult with a child (children)? (LEVEL OF INVOLVEMENT)

5. What technique did the adult use during the interaction? (TECHNIQUE)
6. Did the adult verbalize during the interaction? (VERBALIZATION)

For each 15-second observation unit only one code per category can be recorded although more than one interaction may take place and the adult may use more than one technique. Some general rules follow:

1. An interaction between the adult and child always takes precedence over and adult/adult interaction or no interaction.
2. Generally, the interaction of longest duration within a 15-second unit is coded.
3. If more than one technique is used, the observer must judge which one is predominant, that is, which one most accurately reflects the quality of the interaction.

A summary sheet of the dimensions observed and the corresponding codes for recording is provided along with individual recording forms.

Description of the Dimensions

Column 1 - Interaction

In column 1 the observer codes the type of interaction taking place.

adult/child (1) - when the adult being observed is interacting with a child or group of children a 1 is recorded in column 1.

adult/adult (2) - when the adult being observed is interacting with an adult, a 2 is recorded in column 1.

no interaction (3) - when the adult is not directly interacting with anyone, a 3 is recorded in column 1.

Column 2 - Identification

In column 2 the person involved in the interaction with the adult being observed is identified.

child (A.B.C., etc., or name) - each child in the setting should be identified by letter or by name. If the observer is not familiar with the children, large identifying letters should be attached to their clothing. If a 1 has been recorded in column 1 (adult/child interaction) then either the name of the child or the identifying letter should be recorded in column 2. If the adult is interacting with more than one child, the word group is recorded in column 2.

Adult (RS, OS, FM. VI)- if a 2 has been recorded in column 1 (adult/adult interaction) the appropriate code identifying the adult is recorded in column 2.

Resident Staff (RS) - a person who routinely works at the location which the observation is taking place.

Outside Staff (OS) - a person who is a staff member but who is not usually located at the observation site. Usually refers to administrative and supervisory personnel.

Family Member (FM) - a person who lives in the home being used as a day care center but who is not a staff member.

Visitor (VI) - all other adults are considered visitors. This might include students or others interested in observing the day care center or friends of family or staff who drop in to socialize.

If a 3 (no interaction) has been recorded in column 1, place an X in column 2.

Column 3 - Activity

In column 3 the observer records the activity in which the adult is engaged or is promoting.

Cognitive (COG) - activities that are likely to promote intellectual development. These include primarily verbal or language activities as well as quantitative activities. Specifically, reading, labeling, providing equipment that introduces concepts or size, number, relationships, would be coded as COG.

Sensory-Motor (SM) - primarily manual activities that promote development of fine-motor coordination and activities that develop sensory awareness. Puzzles, blocks, beads, arts and crafts, and spatial-perceptual activities would be coded SM.

Music (MU) - singing, dancing, listening to records, rhythmic activities are coded MU.

Outdoors (O) - all large muscle activities such as running, jumping, and riding tricycles are coded O. Taking walks would also receive an O code.

Basic Care (BC) - includes all eating, dressing, resting, and toileting activities.

Interactive (I) - coded when the people interacting are primarily involved with each other rather than in a specific activity. An adult being playful with a child, comforting a child, or disciplining a child would be coded I.

Housekeeping (H) - routine housekeeping tasks such as cleaning, or preparing meals receive an H code.

Managerial (MA) - all administrative and clerical tasks such as completing forms, making schedules, arranging excursions, and contacting parents are coded MA.

Column 4 - Level of Involvement

In column 4 the observer records the degree of involvement with a child or children.

Active Participation (1) - adult plays a direct, participatory role, actively entering into the experience with the child.

Active Facilitation (2) - adult influences the activity by initiating, facilitating, or reinforcing the activity but does not participate directly.

Active Restriction (3) - adult plays an active role in controlling and restricting behavior.

Inactive Participation (4) - coded when the adult is present but does not directly or indirectly get involved with a child.

If the adult being observed is talking to another adult (code 2, column 1) but apparently is aware of and observing the children, her level of involvement would be 4. If she is chatting with an adult and noticing the children, place an X in column 4. Similarly place an X in column 4, if a code of 3 (no interaction) has been recorded in column 1).

Column 5 - Technique

In column 5 the adult's primary techniques, method of style of interaction is coded.

The first group of codes are appropriate only when Active Participation (1) is coded in column 4. These techniques all assume active participation on the part of the adult.

teaching (t) - this technique is coded when the adult is instructing or providing information or stimulation to the child. This may occur in a formal, structured manner, or informally. Labeling, explaining, demonstrating, asking questions to promote general cognitive development, would be coded t. Teaching is frequently associated with cognitive or sensory-motor activities, but could occur during other activities.

conversing (con) -this technique is coded when the main purpose of the verbalizations is to exchange information or to ask questions about routine or social activities. Conversation is a medium for social interaction rather than for promoting cognitive development. Conversation is frequently associated with interaction and Basic Care activities.

directing (di) - coded here are commands, orders, requests, or simply telling the child to do something. Stating general rules of behavior or classroom routines are coded di.

distracting (dt) -coded when the adult diverts the child's attention or redirects the child's activity. The adult may suggest a new activity or talk to the child about something else in order to distract him.

expressing affection/concern (aff) - coded when the adult indicates that he likes the child or cares about the child's welfare. This may be demonstrated non-verbally through physical contact (hugging, cuddling, kissing) or verbally. Praising the child's performance rather than expressing approval of the child has a separate code (pr).

The next group of codes are appropriate only when Active Facilitation (2) is coded in column 4.

praising (pr) - this technique is coded when the adult's purpose is to promote the child's behavior and to indicate approval for what the child is doing. Praise is a response to the child's performance. Giving concrete rewards such as food would be included here.

encouraging (en) - coded when the adult encourages or supports the child's behavior, without specifically praising the child or the quality of his performance.

suggesting (su) - coded when adult offers guidance or direction to the child but without the quality of insistence that accompanies directives. A possibility of other alternatives is left open to the child.

helping (he) - this technique is coded when the adult provides assistance or a service to the child. The adult may be responding to a request or initiating help when it seems necessary.

reflecting feeling (rf) - coded when the adult is attempting to verbalize the child's feelings or to express her own feelings or to describe what the child is experiencing.

The next group of codes are appropriate only when Active Restriction (3) has been coded in column 4.

prohibiting (pro) - coded when the adult verbally or non-verbally restricts the child's behavior. Prohibiting is a reaction to on-going behavior.

punishing (pu) - coded when the adult shows extreme displeasure with the child's behavior. Includes scolding, hitting, isolating, threatening the child, removing privileges, and demanding the child.

The final group of codes are appropriate only when Inactive Participation (4) or an X has been coded in column 4. These are non-verbal codes.

observing (ob) - coded when the adult is in the vicinity of the children and seems aware of them but is not directly or indirectly involved with any child.

ignoring (ig) - coded when the adult disregards a situation that warrants attention, or when she ignores a child's attempt to make contact.

Column 6 - Verbalization

In column 6 the observer records the presence or absence of verbalization on the part of the adult.

Verbal (V) -	coded when the adult verbalizes during the 15-second interval.
Non-Verbal (NV)-	coded when the adult's behavior during a 15-second interval does not include talking.
Verbal and non-verbal (V/N) -	coded when the adult verbalizes and uses distinct actions and gestures. Hugging or pulling a child while talking would be common situations coded V/N. Talking to a child and using routine gestures would receive a V code.

SUMMARY OF DIMENSIONS OBSERVED AND SYMBOLS FOR CODING

Column 1		2		3		4		5		6	
Interaction		Identification		Activity		Level of Involvement		Technique		Verbalization	
Code	Cat	Code*	Cat	Code	Cat	Code	Cat	Code	Cat	Code	Cat
1	adult/ child (or group of children)	A	Each child in the room	COG	Cognitive	1	Active Participation	t	Teaching	V	Verbal
		B		SM	Sensory Motor			con	Concerning	N	Non-verbal
		C						di	Directing		Both verbal and non-verbal
				MU	Music			dt	Distracting		
		Group	More than one child	O	Outdoor			aff	Expressing affection or concern		
				BC	Basic Care						
2	adult/ adult	Rs	resident staff	I	Interactive	2	Active Facilitation	pr	Praising		
		OS	outside staff	HK	Housekeeping			en	Encouraging		
		FM	Family Member	MA	Managerial			su	Suggesting		
		VI	Visitor					he	Helping		
								rf	Reflecting feeling		
3	no interaction					3	Active Restriction	pro	Prohibiting		
								pu	Punishing		
						4	Inactive Participation	ob	Observing		
								ig	Ignoring		

* Instead of letter codes, the child's name can be used.

ADULT OBSERVED________________________________DATE____________

OBSERVER____________________________________TIME____________

OBSERVATION SEQUENCE NO. ____________________

NUMBER OF BOYS________NUMBER OF GIRLS________NUMBER OF ADULTS____

RECORDING FORM

MINUTE 0" - 10" observation   30" - 40" observation

Int.	Ident.	Act.	Inv.	Tech.	Verb.	Int.	Ident.	Act.	Inv.	Tech.	Verb
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

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Attachment III-A

ORGANIZATIONAL STRUCTURE
TRAINER'S MANUAL: FAMILY DAY CARE MOTHER PRE-SERVICE TRAINING

General statement of intent

STRUCTURE OF INDIVIDUAL MODULES

I. Goals

II. Behavioral objectives

III. Pre-test

IV. Content

CONTENT OF INDIVIDUAL MODULES

FAMILY DAY CARE MOTHER MANUAL: PRE-SERVICE TRAINING CONTENT

MODULE 1: SHARING THE NURTURING TASK (See attached)
Statement of philosophy: Nurture is knowing what children need, and using that knowldge (in the management of both environment and own behavior) to provide for those needs. Module defines essential knowledge and skills for anyone assuming responsibility for someone else's children. Will be in form of self-operating slide presentation and illustrated pamphlet, to be first step in interested applicant's self-selection process.

MODULE 2: HOW IT'S DONE: Beginning concepts of adult-child interaction style.

MODULE 3: HELPING IT HAPPEN: Beginning skills of observing, recording, communication.

		BASIC INFORMATION	USING IT RE: ENVIRONMENT	USING IT RE: BEHAVIOR
MODULE 4:	NUTRITION	The food we provide and the way we provide it makes a difference: nutrition, balance, suitability, setting.	Planning, arrangement, management.	Social/cognitive learning potential. Child's awareness of nutrition.
MODULE 5:	SAFETY	The safety we provide and the way we do it makes a difference: child-proofing, supervision, developmental safety.	Initial, on-going child-proofing skills, forms, procedures.	Teaching safety without inhibiting activity--with developmental approach.
MODULE 6:	HEALTH	The way we protect children from germs, fatigue, too little or too much excitement makes a difference: sanitation, balancing activity/rest.	Scheduling, management of routines, use of time/space.	Functional use of order, helping child be aware of own needs.
MODULE 7:	ILLNESS	The way we watch children, recognize signs of illness, know what to do, keep in tune with parents makes a difference: procedures, symptoms and necessity for medical attention, use of thermometer, sick child, records.	Procedures, management, equipment.	Responses to children, parents.
MODULE 8:	EMERGENCIES	The way we handle emergencies makes a difference: procedures, first aid, forms, notifying parent/doctor, records.	Procedures, management.	Responses to children, adults.

	BASIC INFORMATION	USING IT RE: ENVIRONMENT	USING IT RE: BEHAVIOR
MODULE 9: INFANT DEVELOPMENT	What we know about the many ways in which infants grow and how we help that growth makes a difference: sequence, uniqueness, stimulation.	Arranging for appropriate experiences.	Stimulation, feedback, support.
MODULE 10: INFANT MANAGEMENT	The way we handle feeding, napping, diapering, dressing, bathing makes a difference: management, use of maintenance time, relating to older children.	Scheduling, observation, planning.	Skills, responses.
MODULE 11: TODDLER DEVELOPMENT	The way we handle eating, sleeping, toileting, dressing, bathing, planning and doing things, solving problems (both thinking and feeling problems) makes a difference: self-help skills, guidance, nurture.	Arranging for appropriate experiences.	Stimulation, feedback, support.
MODULE 12: GENERAL MANAGEMENT	The way we plan the day and manage what we do and say makes a difference: providing for more order than disorder, more encouragement than scolding, more action and color than dullness.	Planning with own family in mind, routines both dependable and flexible, with base of supervision, in generally orderly setting.	Responses to and involvement of children in schedule, routines, etc.

	BASIC INFORMATION	USING IT RE: ENVIRONMENT	USING IT RE: BEHAVIOR
MODULE 13: CONNECTING WITH PARENTS	The way we start out with parents makes a difference: initial contact, policies, getting essential information, feelings.	Scheduling and procedure for intake. Beginning on-going contact.	Importance of initial emotional climate, beginning communication skills.
MODULE 14: MAINTAINING CONTACT WITH PARENTS	The way we make time for tuning in with parent on a daily basis makes a difference.	Schedule and procedure for AM/PM interchange; ways to keep parents in touch.	Ongoing climate, problem-solving skills.

APPENDIX: Procedures, resources, materials, activities, excursions, menus, recipes, etc.

V. Procedures

VI. Resources

VII. Post-test

VIII. In-service Implications

Attachment III-B

PRE AND IN-SERVICE TRAINING FOR CHILD CAREGIVERS

Topics by Units and Modules

Unit I. Feelings Related to Child Care

*Module 1 - How it feels to be a child caregiver
Module 2 - How it feels to be a child
Module 3 - How it feels to be a parent
Module 4 - How it feels to be you
Module 5 - How it feels to be the family of a caregiver
Module 6 - How it feels to be a staff member

Unit II. Everyday Physical Care of Children

*Module 1 - Diapering
*Module 2 - Toileting & toilet training
*Module 3 - Sleeping
*Module 4 - Clothing
*Module 5 - Bathing
*Module 6 - Safety in the home
*Module 7 - Safety with toys
*Module 8 - Care of home and yard (as needed)

Unit III. Care of Children in Emergencies and Sickness

*Module 1 - Handling emergencies due to accidents
*Module 2 - Recognizing a sick child and giving interim care
Module 3-13 - Basic first aid course

Unit IV. Food for Children

*Module 1 - Food handling
*Module 2 - Important foods for all ages
*Module 3 - Planning menus and shopping for food
*Module 4 - Making mealtime pleasant
Module 5-8 - Variety in menus
Module 9 - Allergies
Module 10 - Weight problems

Unit V. Observing and Testing

*Module 1 - Observing children using check lists
Module 2 - Making your own written observations
Module 3 - Tests, testing and using the results

*Modules starred are the topics presented in the pre-service package.

Unit VI. How Children Grow

- *Module 1 - What happens as they grow
- *Module 2 - What children need for growth
- Module 3 - Development in first year of life
- Module 4 - Development in second year of life
- Module 5 - Development in third year of life
- Module 6 - Social-emotional development
- Module 7 - Attachment phenomena
- Module 8 - Cognitive development
- Module 9 - Language development

Unit VII. Helping Children Learn

- *Module 1 - Selection of toys and activities in age and stage appropriate fashion
- *Module 2 - Adult/child interaction using toys and activities
- *Module 3 - How children learn through toys and activities
- Module 4-15 - Learning through natural surroundings, household tasks, art, music, books, poetry, movement, etc.

Unit VIII. Guiding Children's Behavior

- *Module 1 - Our philosophy: Accentuate the positive
- Module 2 - Helping children express feelings constructively
- Module 3 - Helping children relate to other people
- Module 4-7 - Cultural differences in guiding children
- Module 8 - Fitting cultural differences together

Unit IX. Involving Parents

- *Module 1 - Day to day contact
- *Module 2 - Initial contact with parents of new child
- Module 3 - How to talk with an upset parent
- Module 4 - Meeting related needs of parents
- Module 5 - Conducting a parent conference

Unit X. Managing A Day Care Home

- *Module 1 - Working with student-aides
- *Module 2 - Agency and community resources
- *Module 3 - Records to keep
- *Module 4 - Planning a day
- Module 5 - Working with university field study students
- Module 6 - Working with volunteers
- Module 7 - Working with senior citizens

Attachment III-C

Draft
September, 1973

UNIT VII: HELPING CHILDREN LEARN
MODULE 2: ADULT/CHILD INTERACTION USING TOYS AND ACTIVITIES

Purpose: To introduce ways adult can help the child gain maximally in his experiences with and without toys in a child-oriented fashion.

Performance Objectives

Level 1 - Offers appropriate toys to children in an orderly fashion; allows the child to make his own response; observes those responses; stimulates interest by pointing out and naming items of possible interest.

Level 2 - Reinforces the child's use of the toys with:

1) introduction of new objects and experiences into child's life.

2) descriptive comments about what child has done.

3) imitative actions (adult rolls ball back to child after child has rolled it).

4) verbal invitation for specific responses from the child.

Level 3 - Stimulates new responses from the child in the use of toys by

1) doing something different (but related) with the toys.

2) using parts of the child's environment in new ways.

3) involving the whole adult self in responding to the child in a way that will encourage continued activity.

4) asking questions or making comments which relate toys to other concepts.

5) inviting the child's open responses.

September 1973

UNIT VII: HELPING CHILDREN LEARN MODULE 2: ADULT/CHILD INTERACTION USING TOYS AND ACTIVITIES LEVEL 1

INTRODUCTION: There are some very basic things an adult should do so that a child can learn effectively from his experiences with toys and objects that serves as toys.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
1. Offer toys in an orderly fashion.	Slide 1: Toys in a jumble on the floor and bewildered looking kids.	Do you see anything wrong in this picture?
	Slide 2: Toys on a shelf and child choosing one.	It's easier for a child to decide what to do if toys are neat. Just a few out at a time but still enough to provide some choices is the idea. Rotating the toys you have is a good solution. Different toys (surprise bags, etc.) are fun to bring out every few days.
	Slide 3: Child playing with a toy, another formerly used toy beside him on the floor--one which could possibly be used together with the one child has.	Too much neatness may keep other things from happening. Let child leave some things out for a while.
	Slide 4: Child and adult putting toys away together.	Putting away can be fun if done together. Shelves of some kind are much preferable to one big toy box.

SPECIFIC CONCEPTS	VISUALS		SCRIPT
2. Allow child to play with a toy in his own way.	Slide 5:	Child playing with a ball in somewhat conventional manner, adult in background.	Let the child play with toys in his own way. Attentive watching is the key. Your face shows your interest or lack of it, as do your actions.
	Slide 6:	Child trying to sit on a ball, adult in background.	Avoid injecting your adult ideas of what should happen, except, of course, when safety of child or windows is at stake!
3. Observe child's behavior in playing with a toy.	Slide 7:	Tiny baby with squeeze toy.	To really understand what a child is doing and can do, you must watch him carefully. These are examples of things to look for as you watch a child playing with toys: a. 1) Does he put it in his mouth? 2) Does he squeeze it? 3) Does he coo or make other vocal responses? 4) Does he look at it?
	Slide 8:	Child playing with a truck.	b. 1) Does the child roll the truck while he sits or kneels? 2) Does he make truck sounds? 3) Does he crawl with the truck?

SPECIFIC CONCEPTS	VISUALS	SCRIPT
	Slide 9: Child riding a tricycle.	c. 1) Does he push the trike? 2) Does he put his feet on pedals? 3) Does he ride fast or slow? 4) Does he maneuver around objects?
	Slide 10: Child playing with blocks.	What sorts of questions could you answer by watching here?
4. Stimulate the child's interest by pointing out and naming items of possible interest in his environment.	Slide 11: Caregiver pointing to picture in book.	You as a trusted adult can stimulate the child's interest by pointing out and naming items of possible interest in his environment. When you are reading a story about a duck to a child, it helps to point to the duck and say, "This is the duck." There may be a picture of a boat on the same page, and the child may not know which is which.
	Slide 12: Caregiver pointing to child's tummy.	A child may not even be aware of parts of himself unless they are pointed out to him. By having the adult touch him, child can connect the feeling he has and where it is located with the word "tummy", how it is something different from his whole self below his head.
	Slide 13: Caregiver pointing to parts of doll; children also have dolls.	If you were the adult in this situation, what could you point out and name?

SPECIFIC CONCEPTS	VISUALS	SCRIPT
	Slide 14: Adult pointing out something at a distance at the zoo.	There are so many interesting things to see outdoors that children may miss the most important of all. What are things you might see outdoors that children might miss? Can you point out everything?

SUMMARY STATEMENT: As we have seen, the very first things you must do as you begin learning how to expand a child's learning opportunities with toys and experiences are to:

1) see that his toys are neat and only a reasonable assortment is out at any one time.
2) allow him to explore in his own way.
3) watch him carefully as he plays, observing what he plays with, how he plays with it, etc.
4) stimulate his interest by pointing out and naming items of possible interest in his environment.

INTRODUCTION: Now that you've learned the basics of arranging toys, allowing the child to play in his own way, carefully observing what he does and pointing to and naming objects, you can begin to take a still more active role in what the child does with his toys.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
1. Introduce new objects and experiences into child's environment.	Slide 1: Children with rhythm instruments.	Introducing different toys and experiences to the children are sources of new learning experiences. Introducing new foods is another new experience.
	Slide 2: Adult holding mirror up to child.	What are some other items (besides a hand mirror) normally found in your bedroom that could provide new learning experiences for a child?
	Slide 3: Child in crib looking at decoration on wall.	A child spends a lot of time in a crib even though he's not asleep all of that time. What else could you do to make this environment (in the crib) more stimulating?
2. Enrich the child's learning experiences by adding descriptive comments.	Slide 4: Several children sitting on toy--one child won't fit, so is imitating posture of others.	You can enrich a child's learning by describing or adding words to what he is doing. This child has made a discovery, but you could make the situation more meaningful by saying, "You can still bounce even if there isn't room for you on Bozo!"

SPECIFIC CONCEPTS	VISUALS	SCRIPT
	Slide 5: Child going backwards down the indoor slide.	What could you say to this child to give a name to what he's doing and let him know you think it's a good idea? Or to help him think how it feels?
	Slide 6: Two children going around poles in playground.	What might you do or say to these children to describe to them what they are doing and make it more lively?
3. Enrich the child's experiences by imitating what he does.	Slide 7: Child and adult clapping to the music.	Imitation may begin with the adult showing child, but once the child gets the idea, he's apt to start the game again and again himself. He loves it if you follow him!
	Slide 8: Adult on play telephone, children beside.	Children are delighted when adult gets on the phone, too.
	Slide 9: Child playing with coffee pot and puzzles beside him.	How can the adult encourage either the play with the coffee pot or the play with the puzzles?
4. Stimulate the child's awareness through verbal invitation for the child's specific response.	Slide 10: Child reaching through fence to pet goat.	If you specifically invite the child to do something you are stimulating his learning. He also learns to follow directions. It's hard to imagine a child not noticing a goat, but few children could turn down an invitation to pet it!

SPECIFIC CONCEPTS	VISUALS	SCRIPT
	Slide 11: Child scrunching up her nose.	A question like "Can you wrinkle up your nose?" or "Can you scrunch up your nose like a bunny rabbit?" suddenly makes a nose more interesting.
	Slide 12: Two children on wall, one touching his foot and the other waving.	What do you think might have been said to produce these responses? (Perhaps--"Eric, where's your foot? or "Heather, can you wave to the elephant?")
	Slide 13: Child touching another child's hair.	How could you help make the one child aware of the other's hair?

SUMMARY STATEMENT: Now you should realize that your role can be an active one as the child plays but that it must always be in tune with the cues the child gives. Some "tricks" you can use include:

1) Introduce new objects and experiences.
2) Add descriptive comments to what child is doing.
3) Imitate what he does.
4) Ask child to do something specific.

Now take each of these four and give examples of their use from your own experiences.

INTRODUCTION: To expand the child's enjoyment of a situation, and thus his learning, it is exciting and important for you to really involve your whole self in responding to him and helping him to reach out toward more.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
1. Do something different but related with the toy the child is playing with.	1a: Scarf wadded up in child's hand, tail hanging out. 1b: Adult responding by pulling scarf out the rest of the way.	Doing something different but related to the toy a child is playing with is an expansion on the imitation idea, you have already learned. Each time the child responds the adult responds with an expansion of what the child has done. What might the child do next in each of these two slide series? Then what could the adult do?
	Slide 2a: Child hits drum. 2b: Adult falls down. Slide 3a: Child playing with toy. 3b: Adult puts handkerchief over it.	
2. Use parts of the child's environment in new ways.	Slide 4: Adult playing peek-a-boo around crib.	Many things can be used in more than one way. We can stimulate a child to think of these. A crib is for sleeping in, but it's also wonderful for playing peek-a-boo. Besides having the fun of the game, the child is coming to learn that objects can be used for more than one purpose.

SPECIFIC CONCEPTS	VISUALS		SCRIPT
	Slide 5:	Child with paper cup.	This child doesn't seem to know what to do with the cup he's holding. An adult might look inside saying, "I wonder what's in the cup?", blow into it, or tap it to make a noise (still leaving the cup in the child's hand), and then wait for the child's response.
	Slide 6:	Caregiver diapering child.	What is available to the caregiver here to use in a new way?
3. Involve the whole adult in responding to the child in a way that will encourage continued activity.	Slide 7:	Adult "dancing" with children.	An investment of your own energy brings you the reward of increased responses and learning from the children. This scene would probably not have occurred had not the caregiver been willing to become fully involved...her entire body, attention, energy.
	Slide 8:	Caregiver with child making sandwich spread.	Just telling a child is far from enough. Doing it with him helps so much.
	Slide 9:	Man and his tool box with two babies.	How is adult involving himself with the two babies? What more could he do?
	Slide 10:	Caregiver face to face with child down at his level.	Adult's warmth can't help but be felt by the baby. What do you suppose the baby will do next? Then what could caregiver do?

SPECIFIC CONCEPTS	VISUALS	SCRIPT
4. Ask questions or make comments which relate or compare items in his environment to other items or to concepts.	Slide 11: Child climbing into doll bed.	Another stimulus to learning is to help child relate items or concepts. A question like "Is the cradle big enough for you to fit in?" relates the cradle to the idea of size as well as the child's body and can lead him to make a discovery.
	Slide 12: Child drawing in the sand.	"Can you use your finger like a pencil to draw in the sand?" might have started this activity. What else could you use like a pencil in the sand?
	Slide 13: Child crawling under changing table.	What could adult say to child in this situation which would help him relate what he's doing to specific words?" "Did your ball roll under the table?" What else could be said to expand on this?
5. Use questions, comments, or actions to invite the child's open responses.	Slide 14: Student using puppet for younger children.	It's important to let the child have a chance to choose a response after you ask a question, make a comment or do something. Puppets can talk, too--this one might be asking the child what she would like for a snack.
	Slide 15: Baby and blanket.	An adult in this picture might let her finger or toes "walk" under the blanket and pop up and down; the child might then pull the blanket off, or try to "catch" the moving blanket.

SPECIFIC CONCEPTS	VISUALS	SCRIPT
	Slide 16: Child in kitchen sink for his bath.	What could an adult do here to get some response from child? What could the adult say?
	Slide 17: Two children at edge of water; car with man kneeling in front of it just behind children.	The children seem unaware of the car and the man nearby. What could another adult do to make them aware and responsive to the rest of their environment? What could he or she say? (Remember it must be something which stimulates the child to think of his own response.)

SUMMARY STATEMENT: Children's enjoyment learning can be stimulated in still more ways than we'd discussed before. Those discussed this time are: 1) Do something different but related with the toy the child is playing with; 2) Use parts of the child's environment in new ways; 3) Involve the whole adult self in responding to the child in a way that will encourage continued activity; 4) Ask questions or make comments which relate items in the environment to other items or concepts: 5) Use questions, comments, or actions to invite the child's open response. Take each of these and give examples from your own experiences.

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UNIT VII, MODULE 2

SUPPLEMENTARY EXPERIENCES

Level 1

1. A. Sort toys in a jumbled toy box:

   a. Discard or set aside broken ones

   b. Select several groups of toys which could be brought out on different days, thinking of toys which can be used together or duplicate each other, etc.

   c. Arrange one group of toys on small toy shelf or group them in a play corner. (This could also be used as a part of the pre and post test.)

   B. a. Learn some put-away games and/or songs to use when it's time to clean-up:

   "This is the way we pick up toys, pick up toys, pick up toys..." (to the tune of Mulberry Bush)

   "Carmel, find all the toys with wheels and put them on the shelf. Bobby, find all the round things and put them in this box."

   b. Now "invent" some put away games or "compose" some put away songs of your own.

2. Observe a video tape of child playing with toys. Tell about what you saw. Review the tape and see if you missed anything the first time. Answer questions such as: What did the child play with? How? What did the adult do? Say? etc.

3. Use the accompanying Observation Checklist as you watch a child in a nursery.

4. Point out and name items in room of possible interest to child.

Level 2

1. Think of some place to take a child you've never taken him to before.

2. Watch a video tape with sound turned off in which child is playing. Think of all the descriptive comments you can which could be used with the child in that situation. Look at tape again with sound on and see how yours compare with anything that was actually said.

3. Divide into pairs for a "monkey see, monkey do" game. One person does something, then the other imitates. Then what happens? How do you feel about doing this?

4. Watch a video tape with sound off and think of specific suggestions you might make to the child which would encourage him to expand his play.

Level 3

1. Trainees work in pairs. Change the "monkey see, monkey do" game to "monkey see, monkey do something a little different". Then what does the first "monkey" do, etc...

2. a. Look around your house and find "things" that could be used as toys. (See list and add your own ideas)

   b. Make a toy from several of the "things" you have found or other materials you may have. This could be your own idea or a copy of an expensive toy you've seen.

3. Trainees work in pairs or groups to do something together which a child might enjoy.

4. Give each trainee or pair of trainees a toy and some time to think of as many questions as possible which would relate that toy to various ideas such as color, shape, use, etc. Questions which also involve the inclusion of the adult in the situation are important.

5. Trainees work in pairs again, one as adult, other as a child playing with a toy. Adult asks "open ended" questions or makes open ended suggestions. For example: "How else could you..."

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VII, 2, 1

CHECK LIST FOR OBSERVING CHILD'S USE OF TOYS
(UNIT VII, MODULE 2, LEVEL 1)

Instructions: Observe each child over a period of several days. Answer the questions about the specific toys by placing a check in the appropriate column - yes or no.

BALLS	YES	NO
Does he play with them?		
Does he bounce them?		
Does he throw them?		
Does he roll them?		
Does he attempt to retrieve them?		
Does he use ball with other children?		
BLOCKS		
Does he play with them?		
Does he stack them?		
Does he push the stack down?		
Does he put block inside a bowl or container?		
Does he try to make a noise with blocks?		
Does he hide them?		
Does he play with the blocks with other children?		
CUDDLY DOLLS		
Does he play with them?		
Does he carry them in a loving way?		
Does he carry them by one arm or leg or hair?		
Does he try to dress and undress them?		
Does he talk to them?		
Does he use them when playing with other children?		

Form VII, 2, 2

SELF CHECKLIST: ADULT/CHILD INTERACTION
WITH TOYS AND EXPERIENCES
UNIT VII, MODULE 2, LEVEL 2

When interacting with the children today I...

	YES	NO
Pointed things out to children.		
Introduced them to something new.		
Used words to describe what they were doing or how something felt.		
Imitated something child did.		
Made a specific suggestion or something for child to do.		

How did the child react when you did these things? What did he do next?

How did the child react when you didn't do them? What did he do next?

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Form VII, 2, 3

OBSERVATION EXPERIENCES: ADULT/CHILD INTERACTION WITH TOYS AND EXPERIENCES
UNIT VII, MODULE 2, LEVEL 3

Describe how you have encouraged the learning of one child through your use of at least three of the following learning stimulation techniques.

1. Doing something different but related with the toy the child is playing with.
2. Using something in child's environment in a new way.
3. Involving whole adult self with the children.
4. Asking questions or making comments which relate one thing to another.
5. Giving the child a chance to make an open choice.

Use the following format:

CHILD: ____________________ DATE: ________ WHY YOU THINK LEARNING WAS TAKING PLACE

____

____

____

What the child did	What you did	What happened next

PRE AND POST TEST

Level 1

Consists of 5 pictures: a 3-month-old child, a 6-month-old child, a 1-year-old child, an 18-month-old child, a 2-year-old child and

A set of 10 pictures of toys (clipped from toy catalogs) appropriate for children of different ages 2 and under.

The task is to match the pictures of children of different ages with the pictures of toys that are appropriate for each age.

Level 2

A ten-minute video tape or a 10-minute observation period of trainee in a nursery with two children and a shelf filled with assorted toys. Video tape will be rated on the following three-point scale by trainer:

Does trainee:	Usually	Sometimes	Rarely
1. Permit child to choose his toy independently?			
2. Suggest and name age-appropriate toys?			
3. Present a new toy when child loses interest in the one he has?			
4. Does not direct or interfere with child's exploration of toy?			
5. Describe or talk about what child is doing with toy?			
6. Shows child how to combine toys that can be used together; for example, puts a block in a container or truck?			
7. Initiates interaction with child in the use of a toy; for example, rolls ball to child?			
8. Engages child in conversation about his activities with the toy?			

Level 3

Uses the same 10-minute video tape or another 10-minute observation period of trainee to determine if she/he

	Usually	Sometimes	Rarely
1. Is accepting of child's responses, however original, to toy.			
2. Suggests or stimulates child to combine toy with other parts of his environment.			
3. Does something different but related with toy to suggest additional alternatives to child.			
4. Maintains a high level of involvement with child to encourage continued activity.			
5. Makes comments that relate toy to other concepts.			

September 1973
Handout VII, 2

"RECIPE" FOR USING TOYS AND EXPERIENCES
UNIT VII, MODULE 2

GENERAL GOAL: For you and child to discover the maximum learning opportunities within each toy and experience.

FIRST:

1. Offer appropriate toys in an orderly fashion.
2. Allow the child to play with a toy in his own way.
3. Observe how child uses toys.
4. Point out and name items of possible interest in child's surroundings.

SECOND: When comfortable with first steps....................

1. Introduce new objects and experiences into child's life.
2. You as the adult respond to the child with descriptive comments about what he's doing and/or feeling; i.e., "You filled the pot so full with dirt."
3. Respond by imitating the child's action--i.e., roll the ball back when child has rolled it.
4. Use words to get a specific response from child.

THIRD: Now you are ready to ....

1. Do something different but related with the toy. (Bounce back a rolled ball) Child follows and the adult responds with words and actions.
2. Think of something different to do with something you have in the house. (i.e., a paper plate, an empty squeeze bottle, etc.)
3. Involve your whole self with the child--i.e., get down on the floor and crawl with him in a hide and seek game.
4. Ask questions or make comments which relate toys with other ideas (use, colors, similar construction, etc.)
5. Say to the child: "Show me another way you can use the toy." or "Teach me another way to use the toy." Child responds, adult responds with words and actions. As child gets older and has more language ability he can tell you what he is doing as he is doing it.

Attachment III-D

COMPETENCY-BASED PERFORMANCE LEVELS
FOR
CHILD CAREGIVERS

Our child care training program is based upon the concept that one of the most important factors in a worker's job advancement is the manner in which she performs. Basic skills and simplest concepts are included in pre-service training and thus are Level One skills. As the worker gains in her knowledge and understanding both on-the-job and during in-service training she proceeds to Levels Two and Three.

(Before Level 1, the person is a trainee and receives hourly minimum wage.)

Level 1 - Caregiver operates at minimal competency levels under supervision.

Step A (3 months) = $357.00   Step B (6 months) = $374.00
Step C (12 months) = $394.00   Step D (12 months) = $414.00

Level 2 - Basically operates beyond the minimal competency levels outlined in Level One. In addition, she does the things outlined in Level 2. Also in addition the worker should have completed six units or credits at a community college or equivalent extra training in job related areas before moving on to Level 3.

Step A (6 months) = $374.00   Step B (1 year) = $394.00
Step C (1 year) = $414.00   Step D (1 year) = $435.00

Level 3 - Basically capable of managing a day-care home by oneself with little or no supervision. In addition to skills in Levels 1 and 2, she must attain the skills in Level 3. Also in addition the worker should have completed 12 units or credits at a community college or equivalent extra training in job related areas to move into Level 4.

Step A (1 year) = $414.00   Step B (1 year) = $435.00
Step C (1 year) = $480.00   Step D (1 year) = $480.00

Level 4 - Has reached supervisory or teaching capacity, so can work as practicum trainer or with larger groups of children as educational assistant.

Step A (1 year) = $435.00   Step B (1 year) = $457.00
Step C (1 year) = $480.00   Step D (1 year) = $504.00

A worker could remain an indefinite period of time at any step of any level. Therefore, annual increments are contingent upon satisfactory performance.

UNITS	LEVEL 1	LEVEL 2	LEVEL 3
UNIT I: FEELINGS RELATED TO CHILD CARE	Sees herself as an important part of the child's life within the total day care program.	Indicates a feeling for what it may be like to be a child in a given situation or to be a natural parent who chooses to leave a child in the care of another person each working day.	Is aware of her own values and feelings as a person, of her immediate family's feelings toward her work, and of the implication of being a team and staff member; displays a relatively high level of empathy in dealing with children and parents.
UNIT II: THE EVERYDAY PHYSICAL CARE OF CHILDREN	Cares for a child's total physical needs in terms of elimination, sleep, dress, bathing, safety, arrangement and cleanliness of home and surroundings.	Combines with the physical care of children appropriate words (doesn't it feel good to be all clean and dry again!) and actions (love pats, hugs, etc.) which convey to the child a feeling of "I care about you."	Gains positive responses from the child during physical care routine. Demonstrates in her confident and relaxed interactions that she really knows what to do and how to do it, why she is doing it and that she enjoys it.
UNIT III: CARE OF CHILDREN IN EMERGENCIES AND SICKNESS	Handles emergencies due to accidents, recognizes and gives interim care to a sick child including taking temperatures and administering simple first aid.	Combines actions and appropriate words ("This may hurt you for just a minute, but then you'll begin to feel better.") and actions (a knee to sit on, etc.) to the basic skills necessary in caring for sick or injured child, conveying to the child a feeling of security and confidence in his care-giver. Successful completion of the Basic Red Cross First Aid Course is also required.	Gains positive responses from the child and emanates confidence and well-being along with a large share of empathy as she cares for sick or injured children.

UNITS	LEVEL 1	LEVEL 2	LEVEL 3
UNIT IV: FOOD FOR CHILDREN	Uses appropriate sanitation practices in the kitchen; plans nutritious, appetizing meals and snacks; plans and shops for groceries wisely; and plans and participates in pleasant mealtimes with children.	Consistently uses Level One performance skills related to foods and also provides variety in meals and snacks.	Recognizes signs of food allergies and weight problems and makes appropriate adjustments in the diet, as recommended by professionals.
UNIT V: OBSERVING AND TESTING	Uses check lists consistently and effectively to look at a child and self.	Makes simple written observations consistently and accurately; uses test records and observation results as directed in carrying through plans for individual child.	Keeps consistent objective records and uses their implications in evaluating and guiding the growth and development of the child and asks for assistance when appropriate.
UNIT VI: HOW CHILDREN GROW	Demonstrates awareness of child's growth and needs.	Uses rationale for meeting individual needs of children in all areas of growth, using words and actions which enable children to grow and develop.	Anticipates and extends all areas of a child's development so that maximal development can take place. This involves discriminating different children's reactions and needs and making appropriate adjustments.

UNITS	LEVEL 1	LEVEL 2	LEVEL 3
UNIT VII: HELPING CHILDREN LEARN	Offers appropriate toys to children in an orderly fashion, allowing them to make their own responses and observing those responses. Allows children opportunities through use of toys and experiences to feel, taste, smell, hear, see, and do things through exploring, imitating and experiencing.	Reinforces child's use of toys with descriptive praise and imitative actions. Regularly brings in at least two additional opportunities for learning and growing such as music, movement, art, books, excursions, natural surroundings, and helping with household tasks.	Stimulates new responses from the child in his use of toys; involves the child in many ways of learning in age and stage appropriate manner, relating and inter-relating experiences.
UNIT VIII: GUIDING CHILDREN'S BEHAVIOR	Understands situations which tend to call for discipline and importance of arranging home and schedule for best guidance.	Uses positive guidance techniques. Helps angry, frustrated or shy children express their feelings constructively, and helps children relate effectively to other people.	Demonstrates consistent and exclusive use of positive guidance techniques and conveys a deep understanding and conviction in their use. Recognizes ethnic variations in guidance techniques and attempts to integrate them into the framework of a positive approach to child guidance. Knows how to deal with special guidance problems such as temper tantrums.

UNITS	LEVEL 1	LEVEL 2	LEVEL 3
UNIT IX: INVOLVING PARENTS	Demonstrates courtesy toward, and interest in the children's parents.	Conducts initial conference with parents of new child, establishes regular means of communicating with the parents on a day-to-day basis so as to maintain a reasonably constant environment for the child. Also constructively deals with upset parents and meets the related needs of parents by referring that parent to appropriate community resources.	Conducts regular conferences with parents and continues day-to-day interaction.
UNIT X: MANAGING A DAY CARE HOME	Treats part-time aides with courtesy and respect, is aware of agency and community resources, is able to keep simple records and can plan a day which runs smoothly and meets needs of the children.	Conveys essential information to part-time workers so that the part-time workers are able to deal with the children effectively and asks for their suggestions; can plan effectively for a week or more at a time.	Differentiates and meets the needs and interests of high school and college aides, university field study students, and volunteer grandparents and incorporates children, parents, neighbors and family in the operation of the day care home.

Attachment III-E

RATING SCALE FOR CHILD CAREGIVERS

Name______________________________ Date______________________________

Rater______________________________ Training received to date______________________

1. Energy level
   a. ______ High
   b. ______ Adequate
   c. ______ Low

2. Physical health
   a. ______ Very healthy, rarely ill
   b. ______ Average
   c. ______ Poor health, frequent complaints

3. Mental health, social-emotional adjustment
   a. ______ Tense, ill-at-ease, relates poorly to others
   b. ______ Somewhat nervous due to interview situation
   c. ______ Well adjusted, at ease with most people

4. Ability to learn
   a. ______ Learns quickly
   b. ______ Appears to understand
   c. ______ Needs things explained several times

5. Openness to new ideas
   a. ______ Openminded
   b. ______ Willing to listen but slow to change
   c. ______ Difficulty accepting new ideas

6. Ability to adjust to needs of the moment
   a. ______ Has difficulty if plans have to be changed
   b. ______ Can make minor adjustments
   c. ______ Very flexible

7. Ability to cope with emergencies
   a. ______ Can handle any emergency
   b. ______ Can handle simple problems
   c. ______ Loses control and doesn't know what to do.

8. Ability to talk with parents
   a. ______ Comfortably
   b. ______ Can do so with some difficulty
   c. ______ Has trouble communicating

9. Ability to talk with staff
   a. ______ Easily
   b. ______ With some difficulty
   c. ______ Fails to communicate

10. Ability to talk with children
    a. ______ Rarely talks to children
    b. ______ With difficulty
    c. ______ Easily

11. Ability to plan and organize
    a. ______ Plans carefully and carries out plan
    b. ______ Usually prepared but doesn't think very far ahead
    c. ______ Disorderly, no established routine

12. Warmth, affection toward children
    a. ______ Enjoys children and frequently expresses affection toward them
    b. ______ Can relate to children
    c. ______ Avoids interaction with children

13. Sense of humor
    a. ______ Can laugh with children and at self
    b. ______ Enjoys humor of others but cannot laugh at own mistakes
    c. ______ Little response to humor

14. Interest in child care as an occupation
    a. ______ No apparent commitment or interest in child care
    b. ______ Probably does enjoy but not yet committed
    c. ______ Very interested in all phases

15. Dependability
    a. ______ Completely reliable, responsible and conscientious
    b. ______ Usually responsible but does not extend herself beyond what is required
    c. ______ Little regard for commitments to parents or other staff members

16. Guidance and discipline
    a. ______ Inconsistent and inappropriate, varies from indulgent to punitive
    b. ______ Usually fair but lacks a variety of methods for following through
    c. ______ Firm and follows through but always fair and kind in guiding or disciplining children.

17. Sensitivity to children's feelings
    a. ______ Insensitive to children's feelings, discusses child with others in child's presence.
    b. ______ Usually aware of children's feelings but sometimes fails to give children support in making their decisions or privacy to work out their own problems.
    c. ______ Respects child's privacy and feelings, is supportive and available to help as children indicate need.

18. Confidentiality

a. ______ Careful to discuss confidential information only with central staff and parents and only when appropriate

b. ______ Usually careful but occasionally discusses specific children with other parents or adults who are not involved

c. ______ Careless and indiscreet, discusses children's problems with no regard for who may be listening